

AN ANALYSIS OF PERSONAL PROBLEMS
OF STUDENT NURSES.

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AN ANALYSIS OF PERSONAL PROBLEMS
OF STUDENT NURSES

Submitted by

Madeline Florence Dill
(B.S., Columbia University, 1939)

In partial fulfillment of requirements for
the degree of Master of Education

1946

First Reader: J. Wendell Yeo, Associate Professor of Education
Second Reader: Eleanor P. Bowen, Assistant Professor of
Nursing Education
Third Reader: Howard L. Kingsley, Professor of Education

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THIS THESIS IS DEDICATED
TO
J. WENDELL YEO
IN APPRECIATION OF HIS INSPIRATIONAL
GUIDANCE AND DEEP INSIGHT INTO THE
PROBLEMS OF NURSING EDUCATION

"Then, in such hour of need
Of your fainting, dispirited race,
Ye like angels appear,
Radiant with ardor divine.
Beacons of hope, ye appear!
Languor is not in your heart,
Weakness is not in your word,
Weariness is not on your brow.
Ye alight in our van! At your voice,
Panic, despair, flee away.

Ye move through the ranks, recall
The stragglers, refresh the outworn,
Praise, reinspire the brave.
Order, courage, return;
Eyes rekindling, and prayers,
Follow your steps as ye go.
Ye fill up the gaps in our files,
Strengthen the wavering line,
Stablish, continue our march,
On, to the bound of the wastes
On, on to the City of God."

-Rugby Chapel, by Matthew Arnold.

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CHAPTER I

INTRODUCTION

1. The Need for a Guidance Program in Schools of Nursing

Student nurses' need of guidance service.-- It is a foregone conclusion that wherever there are people, there are personal problems of all sorts to be faced. It is normal and natural for people to have problems, but today the war and its aftermath have exaggerated and added to the problems of everyday living for the majority of individuals.

Student nurses are not exempt from difficulties arising out of their personal and professional activities and relationships. Coming as they do from various backgrounds with many still in the adolescent stage and being thrown into a new and complex situation, they not only have to cope with their own problems but must be prepared to cope with the multiple problems of patients whom they meet in day by day contacts.

The need for a counseling program has long been recognized in other fields of education and more recently in the field of industry. Now it is being realized that counseling is a most essential service in the field of nursing and

nursing education. The need for such a program in schools of nursing has been well expressed in the following quotation: ^{1/}

Recent studies show that fully as many students fail in the nursing course from lack of personal and professional adjustment to nursing as from failure in classroom work. In other fields of education and in industry it has become increasingly evident that the shortest cut to personal and educational adjustment has been made by increasing the amount of time and effort devoted toward more effective and continuous guidance.

While it is true that professionally important knowledge, and skill, attitudes, ideals and appreciations must all be acquired simultaneously, different aspects of the educational program are especially concerned with the development of each. Just as the teaching program is expected to contribute largely, but not exclusively, to the development of the student's knowledge and understanding of nursing and the clinical program to the development of skill, the guidance program is expected to contribute largely but not exclusively to the fullest development of the personal and professional characteristics that enable the student to adjust well to the nursing situation.

The optimum development of the individual is realized then, only as she is enabled to make good adjustments, wise decisions, and intelligent plans in connection with personal and social problems and situations. To know the nature of the problems of student nurses in the school and then to provide the personnel service that will contribute to the effective handling of these problems is a responsibility

^{1/}Manual of Pre-Nursing and Guidance Test Service, p. 18.
New York: National League of Nursing Education, 1943.

that increasingly needs to be recognized and faced in the field of nursing education.

2. Statement of the Problem

Scope of the study.-- The development of a comprehensive and effective guidance program should be based upon a knowledge of the real problems of the individuals to be served. Although studies have been made to ascertain the nature of the problems of youth in secondary schools and colleges, there is inadequate knowledge of the nature of problems of student nurses. This study has been undertaken to provide specific information as to the personal problems reported by students in schools of nursing. Specifically, this investigation proposes to provide information on the following points:

1. In what areas are the most common problems of student nurses located?
2. What variations, if any, exist in the problems of students in different types of hospitals?
3. Is there any difference in the problems of first, second, and third-year students?
4. What types of problems predominate?
5. How well will students respond to such an instrument as the Morison "Problem Check List Form for Schools of Nursing"?

Value of the findings.-- Data on the several phases of the study noted above should prove valuable in:

1. Demonstrating a procedure for locating the problems of student nurses.
2. Indicating the extent and kinds of assistance needed by student nurses.
3. Providing the basis for developing counseling service.
4. Suggesting the content of the group guidance program.
5. Providing material for the in-service guidance training of the school's staff.

CHAPTER II
PROCEDURE OF STUDY

1. General Information

Location of the study.-- This survey was made in four schools of nursing, located in different types of hospitals in the state of Massachusetts.

The population studied.-- The population used as sources for the data were 300 student nurses, which total included 25 students in each of the three years in the four schools. Table 1 reveals the average ages for the three groups as follows: first year, 18.6 years; second year, 19.5 years; and third year, 20.8 years.

Table 1. The Number and Average Ages of Students Studied in Each School of Nursing.

School	Num-ber	1st Year	Average Age	2nd Year	Average Age	3rd Year	Average Age
A.....	75	25	18.4 yrs.	25	19.6 yrs.	25	20.9 yrs.
B.....	75	25	18.8 yrs.	25	19.6 yrs.	25	20.0 yrs.
C.....	75	25	18.8 yrs.	25	19.2 yrs.	25	21.6 yrs.
D.....	75	25	18.5 yrs.	25	19.4 yrs.	25	20.8 yrs.
Total	300	100	18.6 yrs.	100	19.4 yrs.	100	20.8 yrs.

The percentage of students studied in each school.--

In school "A" the number studied was 27 per cent of the regular student enrollment; in school "B" it was 35 per cent; in school "C" it was 92 per cent and this included affiliating students; in school "D" it was 51 per cent.

Brief description of schools selected.-- All schools of nursing surveyed form an integral part of the general organization of the hospitals where they were located and were more or less dependent upon them for financial support. At the time this study was made, students were eligible for membership in the United States Cadet Nurses' Corps, and the majority of those participating in the study were members of that organization. There was a health program in each school for the students and some form of student government organization. Also, at the time this study was being made, partially due to war-time shortages, school "A" was the only one which had a Social Director on the faculty, but there was in each of the other schools a social and recreational program for the students, supervised by various members of the faculty. Although, in each of these four situations, a certain amount of guidance was available for the students, there was no organized counseling program in any of the schools. All students lived in dormitories situated a short distance from the hospitals. Classrooms were usually located in the residences, but in some instances they were located within

the hospital unit. Churches of various denominations were available within walking distance or only a short ride from the school.

Boston is rich in educational, recreational, and cultural opportunities. The students from schools A, B, and C could have readily taken advantage of these, as it involved a time element of not more than 25 minutes for transportation, and students from school D were less than 25 miles from the center of Boston proper, which could be reached by either train or bus in less than 50 minutes.

School A.-- Located in Boston proper, this school of nursing was organized in 1878. It now has an enrollment of 573 student nurses and of these 293 are affiliating from other schools of nursing. The faculty is composed of 150 graduates, including the director of the school, instructors, supervisors, and head nurses. In addition to these many others contribute to the teaching program, from the fields of medicine, nutrition, social service, and related fields.

The general hospital where the students receive their clinical education may be classified as a "City Hospital," from the standpoint of financial support and control. The total bed capacity is 2300: 1600 are in the main hospital; 500 are in the Tuberculosis division; and 200 are in the Contagious division. The average number of patients per day

is 1250 in the main hospital, 500 in the Tuberculosis division, and 150 in the Contagious division.

The hospital is located in an industrial section of Boston proper, which has a population of 770,816.^{1/}

School B.-- Located in the city of Brighton, about eight miles from the center of Boston, this school of nursing was established in 1872. The present enrollment is 212 students. The faculty is composed of 35 graduate nurses, assisted by doctors and others who contribute to the educational program of the school.

The general hospital where the students receive part of their clinical education is controlled and supported by the church, hence could be classified as a "Church Hospital." Its bed capacity is 254 with a daily average of 246 patients. Through affiliations with other hospital schools, the students obtain the remainder of their clinical experience and education.

The city itself has a population of 64,481.^{2/} The hospital and school are located on a lovely hill in a residential section of the city.

School C.-- Located on a Roxbury hilltop about five miles from the center of Boston, this school of nursing was organized

^{1/}United States Government, Census for 1940.

^{2/}Op. cit.

in 1872. The present student enrollment is 81, including affiliates who come for pediatric experience. There are 26 on the faculty of the school, in addition to special lecturers who contribute to or give courses.

The students receive part of their clinical education in what might be classified as a "Special Hospital" which is devoted to the care of women and children and is supported by voluntary contributions and earned income. It has a bed capacity of 260 and a daily patient average of 167. Other clinical experience is obtained by the students through affiliations with two other hospital schools.

Of those students who participated in this survey, 16 were affiliates from other schools and 6 of the regular students were contacted at an affiliating school.

The school and hospital are in an industrial section of a city with a population of 86,172,^{3/} including North, Center, West, South, and East Roxbury. There is a small but very pleasant campus within the hospital grounds.

School D.-- In the quaint and lovely city of Salem, this school of nursing was founded in 1879. Its present student enrollment is 146. On the faculty are 32 graduate nurses; in addition there are doctors and others who contribute to the educational program.

3/Op. cit.

The hospital where students receive part of their clinical experience and education is a general "Community Hospital," supported by earned income and contributions. Its bed capacity is 285, and its daily patient average is 202. The students receive experience in the special services at other hospital schools.

This school is located on a 25-acre tract of land with a pleasant view, in a residential part of the city of a population of 43,472.^{4/} The community has both educational and cultural opportunities which are readily accessible.

Since the schools participating in the study include one in a large city hospital, one in a medium-sized church hospital, one in a small special hospital, and one in a somewhat larger general community hospital, the nature of the student problems reported may be considered as more representative than if the sample had been drawn from a single school or kind of school.

2. Description of the Morison Check List^{5/}

Problem check list form for schools of nursing.-- This check list by Luella J. Morison is adapted from the Problem Check List: College Form, by Ross L. Mooney. It was copyrighted in 1945, by Bureau of Educational Research, Ohio State

^{4/}Op. cit.

^{5/}See Appendix A for copy of the check list.

University, Columbus 10, Ohio.

The purpose of the check list is to aid student nurses in expressing their problems of a personal nature.

The check list is made up of 364 items. The items are classified into thirteen areas as follows:

- (1) Health and Physical Development (HPD)
- (2) Finances and Living Conditions (FLG)
- (3) Social and Recreational Activities (SRA)
- (4) Social-Psychological Relations (SPR)
- (5) Personal-Psychological Relations (PPR)
- (6) Courtship, Sex and Marriage (CSM)
- (7) Home and Family
- (8) Morals and Religion (MR)
- (9) Adjustment to School of Nursing (ASN)
- (10) The Future: Professional and Educational (FPE)
- (11) Curriculum and School Program (CSP)
- (12) Adjustment to Human Relationships in Nursing
(AHR)
- (13) Adjustments to Administration of Nursing Care
(AAN)

In each area there are 28 problems, arranged in groups of four items which cut across the seven columns of problems. The items in the first group make up the first area, the second group the second area, and so on down to the thirteenth group. Space is provided at the end of each group to record the number of problems checked in each area.

The "Directions for Filling Out the Check List" are as follows:

This is not a test. It is a list of troublesome problems which often face students in schools of nursing--problems of health, social life, relations with people, studying and the like. You are to go through the list, pick out the particular problems which are of concern to you, indicate those which

are of most concern, and make a summary interpretation in your own words. More specifically, you are to take these three steps:

- (1) Read the list slowly, pause at each item, and if it suggests something which is troubling you, underline it, thus, "1. Tiring very easily." Go through the whole list, underlining the items which suggest troubles (difficulties, worries) of concern to you.
- (2) After completing the first step, look back over the items you have underlined and circle the numbers in front of the items which are of most concern to you, thus, "1. Tiring very easily."
- (3) After completing the first and second steps, answer the summarizing questions on pages 5 and 6.

3. Administration of the Check List

Students participating in the study.-- The check list was filled out by 300 student nurses, 75 in each of the four schools selected, as previously noted.

A personal contact was made by the writer with each of the four directors of the nursing schools and permission was granted to conduct the survey. This was followed up by letters confirming the conversations, and tentative dates were suggested for meeting the students.

In each situation, the writer was introduced to the groups by a member of the faculty, who then withdrew. This was followed by a short introductory talk to the students and the directions for filling out the check list were explained.

4. Introductory Statement to Students

The following statement indicates the approach used by the director of the study in seeking the cooperation of the four groups of student nurses.

Students: Today there appears to be a growing consciousness on the part of nursing educators, that if schools of nursing are to function effectively in meeting the individual needs of students, there must be a planned counseling or guidance program in each and every school.

The objectives of a good school of nursing in helping students to make the most of themselves and their opportunities cannot be fully met unless the school truly knows its students--their ambitions, abilities, aptitudes, and, as important as the others, their problems--problems which if not properly handled might interfere with the students' success. This also suggests that a suitable environment be provided to aid in individual student growth and that the educational program of the school be adjusted in order that individuals may learn how to live more effectively and be better equipped to meet the ever-changing demands made upon them by society.

But before plans can be made for assisting students to cope with the personal problems which are of greatest concern to them, it is necessary to get more detailed information of what the existing problems of student nurses really are--not what somebody thinks they are. My purpose in coming to you today is to ask your cooperation in providing this kind of information. Your willingness to cooperate in this study will make it possible for us to provide the data on which counseling programs may be set up for students now in schools of nursing and for those who will come after you.

Dr. Ross L. Mooney of the Bureau of Educational Research, Ohio State University, Columbus, Ohio, has been very much interested for several years in finding out just what are the problems of high school and college students. He has devised a problem check list, which as Dr. Mooney states in his manual, "can perhaps be thought of as an opportunity for a student to make a 'shorthand' sketch of his concerns." The data

collected by the use of his check list has proved most helpful in the counseling field.

Miss Luella J. Morison of Lima, Ohio, who is a nursing educator, has now completed a Problem Check List Form for Schools of Nursing which has been adapted from Problem Check List: College Form by Dr. Ross L. Mooney, but has been based on some of the actual problems of student nurses. This is the form which I shall give you presently to study. You will note that this form is not a test, in any sense of the word, but is simply a device to help bring into focus some of the things that may be a source of trouble or worry to you.

I am vitally interested in making a survey, in order to determine what your problems really are, together with those of 299 other student nurses, in four different nursing schools in the state of Massachusetts. The survey will include 25 first-year students, 25 second-year students, and 25 third-year students in each of the four schools.

So that individual students filling out this check list may not be personally known, I am asking you not to include your name unless you may desire to do so, but I would like you to fill in the information which the other blanks call for on the face of the form. If there are among you, any who are not having classes or who have never had any ward assignment, will you please indicate this also on the front page of the form.

Now, here are the forms; shall we read the directions for filling out the check list? Are there questions you would like to ask at this time?

If there should be anyone who might wish a personal conference with me in regard to any problem, I would be happy to arrange for it at some future date.

Thank you all very, very much!

CHAPTER III
ANALYSIS OF PROBLEMS OF STUDENTS IN ALL SCHOOLS BY
PROBLEM AREA AND BY YEAR

1. Purpose of the Chapter

The purpose of this first chapter of findings is to present an overview of the problems of students: first, by indicating the areas in which problems were most frequently underscored and circled, and second, by noting the differences which existed in the problems reported by all students in different years.

The data presented in Tables 2-5 will be further broken down in the three following chapters to provide an analysis of the problems by school (area and year); by year (area and school); and by item (school and year).

2. Extent of Problems of All Students

Number of problems underscored and circled.-- Three hundred student nurses enrolled in four schools of nursing underscored 11,654 problems (Table 2). The number of problems reported ranged from 2 to 119. The average number of problems per pupil was 38.8.

Nearly 30 per cent or 3,373 of the problems underscored were also circled, indicating that these were of special

concern to the students. The average number of problems circled was 11.2. The number of problems circled ranged from 1 to 75. In one sense the figures reporting the problems circled are of even greater significance than those reporting the problems underscored, for although fewer problems were circled than were underscored, they indicate the ones about which the students are most concerned. Any group work or individual counseling which is planned on the basis of these findings should take full cognizance of the nature and number of problems circled by students.

These overall findings indicate at the outset a situation which should merit the most careful consideration by school directors. The school which is concerned to prepare students for professional service in nursing cannot safely ignore, in the lives of its students, the presence of problems in the numbers reported.

There is no reason to assume that unaided students can handle competently these problems. Neither can it be assumed that the presence of these problems will not interfere with the students' professional progress.

Rank order of problem areas.-- Table 2 also reveals the areas in which the problems checked were concentrated. Most problems were reported in the area of Social and Recreational Activities. A total of 1,464 or 12.6 per cent of all problems reported were in this group. The areas next in order of

Table 2. Rank Order of Problem Areas for All Years in Four Schools of Nursing.

Rank Order	Problem Area	Total Scored		Total Circled	
		Number	Percent	Number	Percent
1.	Social and Recreational Activities.....	1464	12.6	393	11.6
2.	Health and Physical Development.....	1110	9.5	361	10.7
3.	Finances and Living Conditions.....	1086	9.3	334	10.0
4.	Curriculum and School Program.....	1080	9.2	281	8.3
5.	Personal-Psychological Relations.....	1046	8.9	337	10.0
6.	The Future: Professional and Educational.....	959	8.2	280	8.3
7.	Adjustments to Administration of Nursing Care	908	7.9	246	7.3
8.	Social-Psychological Relations.....	795	6.9	201	5.9
9.	Adjustment to Human Relationships in Nursing...	778	6.7	198	5.8
10.	Adjustment to School of Nursing.....	762	6.6	226	6.7
11.	Courtship, Sex and Marriage.....	714	6.1	222	6.5
12.	Morals and Religion.....	522	4.4	144	4.2
13.	Home and Family.....	430	3.8	150	4.4
Totals.....		11,654	100.0	3373	100.0

frequency of mention were Health and Physical Development, Finances and Living Conditions, Curriculum and School Program, and Personal and Psychological Relations, all of which are of special concern since in these areas more than a thousand problems were underscored and more than 50 per cent of all the circled items were so classified.

Areas in which the fewest number of problems were reported were: Morals and Religion and Home and Family. While failure to check problems in an area is no guarantee that students do not have personal problems in that area, it is encouraging to note that students entering the nursing profession report the fewest number of problems in these two most critical fields.

3. Division of Problems by Years

First-year students.-- Table 3 shows the rank order of problems by areas reported by first-year students. One hundred students from four schools of nursing underscored a total of 3,821 problems in thirteen areas. This number represented 32.7 per cent or nearly one third of all the problems reported by students in all three years. The average number of problems per pupil was 38.2.

Areas in which first-year students report 10 per cent or more of their problems are: Social and Recreational Activities, Personal-Psychological Relations, and Health and Physical

Table 3. Rank Order of Problem Areas for First-Year Students in Four Schools of Nursing.

Rank Order	Problem Area	Problems Underscored		Problems Circled	
		Number	Percent	Number	Percent
1.	Social and Recreational Activities.....	527	13.8	156	12.8
2.	Personal-Psychological Relations.....	395	10.1	147	12.1
3.	Health and Physical Development.....	381	10.0	126	10.3
4.	Curriculum and School Program.....	363	9.5	101	8.3
5.	Adjustment to School of Nursing.....	356	9.4	127	10.3
6.	Adjustments to Adminis- tration of Nursing Care	339	8.9	106	8.7
7.	The Future: Professional and Educational.....	281	7.5	85	7.0
8.	Finances and Living Con- ditions.....	259	6.8	74	6.1
9.	Adjustment to Human Re- lationships in Nursing	250	6.5	77	6.3
10.	Social-Psychological Relations.....	242	6.4	75	6.1
11.	Courtship, Sex and Marriage.....	186	4.8	63	5.2
12.	Morals and Religion.....	130	3.4	39	3.2
13.	Home and Family.....	112	2.9	44	3.6
Totals.....		3821	100.0	1220	100.0

Development. In terms of intensity of problems, however, it should be noted that in the area of Adjustments to Schools of Nursing, students circled a greater per cent of problems than they underscored.

Since the kind of adjustments the beginning student makes to her school and hospital work are so significant in her personal development and professional progress, it is clear that the initiation of practices to recognize and alleviate the kinds of problems which first-year students encounter, should be "musts" in every nursing school.

Second-year students.-- Table 4 shows the rank order of areas in which second-year students reported their problems. In four schools of nursing, 100 students underscored a total of 4072 problems in thirteen areas, representing 34.9 per cent or over one-third of all the problems reported by students in all three years. The average number of problems per pupil was 40.7.

It is interesting to note the increase in the number of problems reported by the second-year students over the number reported by the first-year students. Ordinarily one would expect to find a decrease rather than an increase of problems in this group, since the students should be more mature and better oriented, and hence more capable of handling problems of a personal or professional nature.

Table 4. Rank Order of Problem Areas for Second-Year Students in Four Schools of Nursing.

Rank Order	Problem Area	Problems Underscored		Problems Circled	
		Number	Percent	Number	Percent
1.	Social and Recreational Activities.....	462	11.3	116	9.7
2.	Finances and Living Conditions.....	435	10.7	143	12.0
3.	Curriculum and School Program.....	389	9.6	111	9.3
4.	Health & Physical Development.....	375	9.2	127	10.6
5.	Personal-Psychological Relations.....	337	8.3	100	8.4
6.	Adjustments to Administration of Nursing Care.....	311	7.6	80	6.8
7.	The Future: Professional and Educational..	305	7.5	90	7.6
8.	Social-Psychological Relations.....	298	7.3	79	6.6
9.	Courtship, Sex and Marriage.....	291	7.1	96	8.1
10.	Adjustment to Relationships in Nursing....	267	6.6	60	5.0
11.	Morals and Religion...	224	5.5	71	6.0
12.	Adjustment to School of Nursing.....	218	5.4	62	5.2
13.	Home and Family.....	160	3.9	55	4.6
Totals.....		4072	100.0	1190	99.9



Areas in which students report 10 per cent or more of their problems are: Social and Recreational Activities and Finances and Living Conditions. But in terms of intensity of problems, it should be noted that in the areas of Finances and Living Conditions and Health and Physical Development the students circled a greater percentage of problems than they underscored.

It is understandable that individuals often yearn for improvement in financial status. However, at the time this study was made, most of these students were members of the United States Cadet Nurse Corps which provided them with some clothing and a fairly substantial monthly cash allowance which increased after the first nine months and then again during the third year in the nursing school. Possibly these students needed help in budgeting their allowances.

Satisfactory living conditions are certainly a contributory factor in the all-round development of students. Some of the adverse conditions existing in dormitories might be eliminated by better functioning of student government; on the other hand there may be many conditions in these situations where improvement can only be achieved by better administrative policies and practices. Due to the increased enrollment of students in various schools as a war-time measure, there is a possibility that proper adjustments in this area were lagging.

It is significant to note the concern of the students with Health and Physical Development. If these hospitals are fulfilling two very important functions in caring for the sick and serving the community as a health center, is it not a sad commentary that their student nurses are not receiving the required medical attention? It is most essential that schools of nursing have a well-organized health program that really meets the needs of their students.

Third-year students.-- Table 5 shows the rank order of areas in which the third-year students reported their problems. In four schools of nursing, 100 students underscored a total of 3761 problems in thirteen areas. This number represented 32.2 per cent or nearly one-third of all the problems reported by students in all three years. This more nearly approximates the number scored by the first-year students. One might expect that these students would show a decrease in the numbers of problems underscored over the first-year students. The average number of problems per pupil was 37.6.

Areas in which students reported 10 per cent or more of their problems are: Social and Recreational Activities; Finances and Living Conditions; and The Future: Professional and Educational. In terms of intensity of problems, however, these students circled a greater percentage than they underscored in the areas of: Finances and Living Conditions; The Future: Professional and Educational; and Health and Physical

Table 5. Rank Order of Problem Areas for Third-Year Students in Four Schools of Nursing.

Rank Order	Problem Area	Problems Underscored		Problems Circled	
		Number	Percent	Number	Percent
1.	Social and Recreational Activities.....	475	12.6	121	12.6
2.	Finances and Living Conditions.....	392	10.4	117	12.5
3.	The Future: Professional and Educational..	373	10.0	105	10.9
4.	Health and Physical Development.....	354	9.4	108	11.2
5.	Curriculum and School Program.....	328	8.7	69	7.2
6.	Personal-Psychological Relations.....	314	8.3	90	9.3
7.	Adjustment to Human Relationships in Nursing.....	261	7.0	61	6.3
8.	Adjustments to Administration of Nursing Care.....	258	6.8	60	6.2
9.	Social-Psychological Relations.....	255	6.7	47	4.9
10.	Courtship, Sex and Marriage.....	237	6.4	63	6.6
11.	Adjustment to School of Nursing.....	188	5.0	37	3.7
12.	Morals and Religion...	168	4.5	34	3.5
13.	Home and Family.....	158	4.2	51	5.3
Totals.....		3761	100.0	963	100.0

Development. There was a tie in the area of Social and Recreational Activities between the percentage of problems underscored and circled.

It is reasonable to assume that third-year students would be concerned over the future. With graduation but a few months away for these students, one cannot but be concerned about the large number of problems which remain unsolved and which will affect the post-graduation adjustment of these individuals.

Because of the very nature of their work, student nurses need to be assisted in planning their leisure time constructively and be given the time necessary to carry out the program. The importance of a well-organized extra-professional program is brought out in the following quotation: "While the professional curriculum focuses on the preparation of the student as a nurse, the extra-professional program has to do with her all around development as an individual and with the inception and continuation of those general educational interests which contribute to the broadening and enrichment of her life."^{1/}

Not only does a successful extra-professional program aid students in preparation for living but also contributes

^{1/}Committee on Curriculum of the National League of Nursing Education. A Curriculum Guide for Schools of Nursing, p. 534. New York: National League of Nursing Education, 1937.

to the general morale of the student body and lessens disciplinary problems. It would be well for directors in these schools of nursing to investigate the area of Social and Recreational Activities in their respective schools.

4. Comparison of Problem Areas: By Years

Differences in rank order.-- In Table 6 is found a comparison of the rank order of problem areas, by years. Social and Recreational Activities ranks first. The greatest variation occurs in Adjustment to Schools of Nursing, which has a sum of difference from order on total, of 8. Then follows Finances and Living Conditions which has a sum of difference of 7. It is reasonable to expect a variation among students on three different levels, in the latter two areas, since the philosophy and aims of the schools, guidance practices, and administrative policies could create conditions which might increase or decrease the extent of problems for student nurses.

The next most varied areas are Health and Physical Development and The Future: Professional and Educational, each with a difference of 5. In the former area it is understandable how a lack of a sound health program and inadequate attention to selection of students with good physical health, together with adverse working conditions, could add to the problems created for students. In the latter area is seen

Table 6. Comparison of Rank Order of Problem Areas by Years in Four Schools of Nursing.

Rank Order	Problem Area	First-Year Students	Second-Year Students	Third-Year Students	Sum of Difference from Order of Total
1.	Social and Recreational Activities.....	1	1	1	0
2.	Health and Physical Development	3	4	4	5
3.	Finances and Living Conditions.	8	2	2	7
4.	Curriculum and School Program.	4	3	5	2
5.	Personal-Psychological Relations.....	2	5	6	4
6.	The Future: Professional and Educational....	7	7	3	5
7.	Adjustment to Administration of Nursing Care...	6	6	8	3
8.	Social-Psychological Relations..	10	8	9	3
9.	Adjustment to Human Relationships in Nursing	9	10	7	3
10.	Adjustment to School of Nursing.....	5	12	11	8
11.	Courtship, Sex and Marriage...	11	9	10	3
12.	Morals and Religion.....	12	11	12	1
13.	Home and Family..	13	13	13	0

the degree in which students in the three groups are given insight into the value of the nursing course as preparation for their future security.

Adjustment to Administration of Nursing Care, Social-Psychological Relations, and Adjustment to Human Relationships in Nursing each have a difference of 3. Home and Family rank thirteenth.

5. General Implications of the Data

The schools' responsibility for students' personnel service.-- The implications of the findings in Tables 2-6 are clear. The number, variety, and intensity of personal problems of student nurses are such that schools of nursing must assume definite responsibility in this phase of the students' education. The preparation of nurses must be seen to include the personal development of the students as an integral part of their professional education. The personal problems of students will then be seen as symptomatic of the degree of their adjustment. Systematic provision must be made to help students to recognize their problems and in a timely manner competent assistance must be provided them in making needed adjustments, decisions, and plans.

Preventive as well as remedial measures are called for. The findings indicate that there are problems present that comprehensive guidance service might well have eliminated

if appropriate information and counsel had been provided in a timely fashion.

Certain administrative changes and adjustments in personnel practices as well as additions in guidance services are also suggested by the findings.

A study of the makeup of the check list used and an understanding of relationships which exist among all problems of an individual will do much to explain the reasons for the surprisingly large number of problems being reported. In checking items in the long Morison list students may and probably do underscore several items which are counted separately but really are aspects of the same problem. In coping with these problems it should also be understood that the solving of one or more of the most critical items may contribute to the alleviation or elimination of other related problem situations.

An analysis of the foregoing tables has revealed the areas in which improved practices are needed. In the following three chapters these data will be considered in greater detail, to suggest more specifically the nature of student problems and the personnel program which appears to be needed.

CHAPTER IV
ANALYSIS OF STUDENT PROBLEMS BY
SCHOOL AND YEAR

1. Scope of the Chapter

The data to be considered.-- In this chapter the data on student problems have been rearranged to show by schools, the number of problems underscored and circled. This presentation is intended to facilitate the use of the data by the cooperating schools and to make possible a comparison of problems in the four schools.

2. The Findings by Schools

School A.-- In Chapter II it was pointed out that School A is an integral part of what might be classified as a city hospital, located in an industrial section of Boston proper. The hospital has a total bed capacity of 2300. The school has an enrollment of 573 student nurses, of which 293 affiliate from other schools. The number of students who participated in this study represented 27 per cent of the regular student body.

Seventy-five students in this school of nursing underscored 3473 problems as may be seen in Table 7. This was

the largest number of problems reported by any of the schools. The average number of problems per pupil was 46.3. First-year students reported 1165 or an average of 46.6 problems; second-year students reported 1369 or an average of 54.8 problems; and third-year students reported 939 or an average of 37.6 problems.

Over 27 per cent or 932 of the problems underscored were also circled, showing that these were of most concern to the students. The average number of problems circled was 12.4.

More problems were underscored and circled in the area of Social and Recreational Activities than in any other. The area with the next highest frequency was Curriculum and School Program in which 10 per cent of all problems reported were underscored. This was followed by Finances and Living Conditions, Personal-Psychological Relations, and Health and Physical Development. These first five areas accounted for nearly 50 per cent of all problems reported.

The expectation that the problems of students in different years would differ is borne out by this study. The pattern of problems for each group is unique, although they have certain problems in common.

First-year students in this school are most concerned about social life and recreational activities; self-centered concerns, involving fears and anxieties; health; and adjustments to the school, its program and personnel. The

Table 7. Distribution of Student Problems by Years in School A.

Rank Order	Problem Area	Percentage				
		Problems Underscored				Problems Circled
		1st yr	2nd yr	3rd yr	All yrs	
1.	Social and Recre- ational Activi- ties.....	11.4	11.0	13.5	11.1	10.9
2.	Curriculum and School Program..	9.7	11.1	8.1	10.0	9.7
3.	Finances and Liv- ing Conditions..	7.7	11.1	9.2	9.5	10.3
4.	Personal-Psycho- logical Relations	10.8	7.0	8.6	8.7	9.6
5.	Health and Physical Development.....	9.5	8.5	7.5	8.5	9.8
6.	Adjustments to Ad- ministration of Nursing Care....	8.4	8.5	7.7	8.2	8.7
7.	The Future: Pro- fessional and Educational.....	7.1	7.5	9.8	7.9	7.5
8.	Social-Psychologi- cal Relations...	7.3	6.2	8.4	7.1	6.2
9.	Adjustment to Human Relationships in Nursing.....	5.6	7.5	6.6	6.6	5.0
10.	Adjustment to School of Nursing	9.1	5.0	5.0	6.3	6.3
11.	Courtship, Sex and Marriage.....	6.0	6.9	5.1	6.1	7.0
12.	Morals and Religion	4.0	5.1	5.0	4.7	3.6
13.	Home and Family...	3.4	4.6	5.5	4.5	5.4
Number.....		1165	1369	939	3473	932
Average.....		46.6	54.8	37.5	46.3	12.4

relationship of all of these areas is easy to see and indicate the tremendous importance of an extensive orientation program, involving all phases of school life, hospital activity, and community resources. Competent counseling service designed to aid individual students to come to grips with the multitudinous problems presented by the new and complex situation, is to be considered an essential function in the school program.

In School A the second-year students reported more problems than did the same number of students in either the first or third years. Problems in the areas of Curriculum and School Program, Finances and Living Conditions, and Social and Recreational Activities accounted for 461 or more than one-third of all the problems of second-year students.

In Chapter VI, Tables 16-28 list the most commonly reported problems of students and should be consulted to ascertain the specific items in each area.

Third-year students in this school report about a third of their problems in three areas: Social and Recreational Activities, The Future: Professional and Educational, and Finances and Living Conditions. The first of these was notably high in frequencies reported. These findings are significant in that they show that the problems of social life and recreation are almost as numerous for seniors as for other classes

and problems involving post-graduation work and adjustments loom relatively high with graduation only a few months off.

School B.-- It can be noted in Chapter II that this school forms an integral part of what might be known as a church hospital, located in Brighton about eight miles from the center of Boston. The hospital has a total bed capacity of 254. There is an enrollment of 212 students in the school who spent part of their time during the three years in other affiliating hospital schools.

Seventy-five students, or 35 per cent of the whole student body, in this school of nursing underscored 3160 problems (Table 8), and this total represented the second largest reported in the four schools. The average number of problems per pupil was 42.1. First-year students reported 937 or an average of 37.5 problems; second-year students reported 1130 or an average of 45.2 problems; and third-year students reported 1093 or an average of 43.7 problems.

Over 32 per cent, or 1022 of the problems underscored, were also circled, indicating the items that were of special concern to the students. The average number of problems circled was 13.6.

More problems were underscored and circled in the area of Curriculum and School Program than in any other. The area with the next highest frequency was Social and Recreational Activities in which nearly 12 per cent of all problems reported

Table 8. Distribution of Student Problems by Years in School B.

Rank Order		Percentage				
		Problems Underscored				Problems Circled
		1st yr	2nd yr	3rd yr	All yrs	
1.	Curriculum and School Program..	13.6	11.8	11.6	12.3	12.3
2.	Social and Recreational Activities.....	14.8	9.6	11.3	11.7	11.5
3.	Finances and Living Conditions..	9.2	12.6	11.3	11.1	12.7
4.	Health and Physical Development.	11.2	9.2	11.2	10.5	12.0
5.	Adjustments to Administration of Nursing Care....	11.2	7.8	7.1	8.6	8.9
6.	Adjustment to Human Relationships in Nursing.....	9.7	7.9	7.8	8.4	8.7
7.	The Future: Professional and Educational.....	7.2	7.2	7.8	7.4	5.8
8.	Personal-Psychological Relations	6.3	7.7	7.5	7.2	6.6
9.	Social-Psychological Relations...	3.2	7.2	6.2	5.6	4.5
10.	Courtship, Sex and Marriage.....	3.3	5.7	7.0	5.5	5.3
11.	Adjustment to School of Nursing	4.2	5.0	4.5	4.5	3.9
12.	Morals and Religion	2.8	5.6	3.6	4.1	4.1
13.	Home and Family...	3.3	2.7	3.3	3.1	3.7
Number.....		937	1130	1093	3160	1022
Average.....		37.5	45.2	43.7	42.1	13.6

were underscored. This was followed by Finances and Living Conditions, Health and Physical Development, and Adjustments to Administration of Nursing Care. These first five areas accounted for over 53 per cent of all problems reported. Each of the first two problem areas listed in Table 8 accounted for more than three times and over as many problems reported in each of the last two areas.

As in School A the pattern of problems for each group of students in School B is unique, but they also have certain problems in common.

First-year students in this school are most concerned about their social life and recreational activities; problems involving their curriculum and school program; health; adjustment to administration of nursing care; and adjustment to human relationships in nursing. Again, as in School A, School B should see the need of an extensive orientation program as part of a competent personnel service if it is to fully meet its guidance responsibilities.

In School B the second-year students reported more problems than did the same number of students in either the first or third years. This was also true in School A. Problems in the areas of Finances and Living Conditions, Curriculum and School Program, Social and Recreational Activities accounted for 488 or more than one-third of all the problems reported by second-year students.

Third-year students in this school report almost half their problems in four areas: Curriculum and School Program; Social and Recreational Activities; Finances and Living Conditions; and Health and Physical Development. These findings are significant in that they show that the problems of the curriculum and school program and those of social life and recreation are almost of the same frequency for seniors as for other classes.

In Chapter VI, Tables 16-28 will be found a listing of the more commonly reported problems of students and should be consulted to ascertain the specific items in each area for School B.

School C.-- Referring back to Chapter II, it will be found that this school is connected with a hospital that specializes in the care of women and children, located in Roxbury about five miles from the center of Boston. The hospital has a total bed capacity of 260. The student enrollment was 81, including affiliating students. The regular student also affiliates with other hospital schools for part of their course. This study included a portion of the students who were affiliating at this school and also a portion of the regular students who were affiliating away from this school.

Seventy-five, or 92 per cent of all the students, connected with this school of nursing underscored 2582 problems,

as may be seen in Table 9, and this number was the third largest in the rank order of schools cooperating. The average number of problems per pupil was 34.4. First-year students reported 1039 or an average of 41.6; second-year students reported 663 or an average of 26.5; and third-year students reported 880 or an average of 34.4.

Nearly 29 per cent or 745 of the problems underscored were also circled, indicating the items that were of special concern to the students. The average number of problems circled was 9.9.

The area in which more problems underscored and circled occurred than in any other was Social and Recreational Activities, as was the case in School A. The area next in rank order was Personal-Psychological Relations in which over 15 per cent of all problems reported were underscored. This was followed by concern over the future, health, and adjustment to the school of nursing. These first five areas accounted for nearly 52 per cent of all problems reported.

Certain problems in common can be noted for each group, but as in each of the other two schools, A and B, the pattern of problem areas is varied for the three different levels of students.

First-year students in this school are most concerned about self-centered problems involving fears and anxieties;

Table 9. Distribution of Student Problems by Years in School C.

Rank Order	Problem Area	Percentage				Problems Circled
		Problems Underscored				
		1st yr	2nd yr	3rd yr	All yrs	
1.	Social and Recreational Activities.....	13.9	12.7	11.3	12.7	11.3
2.	Personal-Psychological Relations	14.1	9.4	10.2	11.6	15.5
3.	The Future: Professional and Educational.....	8.1	8.2	12.3	9.5	10.1
4.	Health and Physical Development.....	8.9	9.4	9.1	9.1	9.5
5.	Adjustment to School of Nursing	12.6	6.3	5.8	8.7	10.7
6.	Finances and Living Conditions..	4.1	9.2	10.9	7.7	7.0
7.	Adjustments to Administration of Nursing Care....	8.2	6.9	6.4	7.3	6.2
8.	Social-Psychological Relations...	8.1	6.5	6.4	7.1	7.0
9.	Curriculum and School Program..	6.4	7.8	5.3	6.4	4.0
10.	Courtship, Sex and Marriage.....	5.0	6.8	5.8	5.7	5.0
11.	Adjustments to Human Relationships in Nursing.....	5.4	5.4	5.9	5.6	4.3
12.	Morals and Religion	2.8	5.9	5.5	4.5	4.4
13.	Home and Family....	2.4	5.5	5.1	4.1	5.0
Number.....		1039	663	880	2582	745
Average.....		41.5	26.5	35.2	34.4	9.9

social life and recreational activities; adjustment to the school; its program and personnel; and health. The combination of these areas in their various relationships could well undermine the proper all around growth of these students in this difficult phase of their life. It can, therefore, readily be seen that a personnel program of such a nature that meets the needs of all the students is a necessity in this school.

The second-year students in School C reported fewer problems than did the same number of students in either the first or third years. In Schools A and B this group reported more than either the first or third year group. Over a third of all the problems of second-year students are concentrated in four areas: social and recreational life; personal-psychological relations; health; and financial and living conditions. The first three areas mentioned also concern the first-year students but they differ in rank order.

Third-year students in this school report over half of their problems in four areas: concern about the future and post-graduation plans; social and recreational life; personal-psychological relations; and living conditions. These findings are significant in that they show that seniors, after nearly three years of study and preparation for professional adjustment, are still worried over their future plans and problems involving their social life. The problems involving

individual fears and anxieties are still present in this supposedly more mature and better adjusted group.

In Chapter VI, Tables 16-28 lists the more commonly reported problems of students in this school and should be consulted.

School D.-- In Chapter II it was stated that School D was connected with a general community hospital, located in Salem about 20 miles from Boston. The bed capacity of this hospital is 285. The school has an enrollment of 146 students. Part of the course is given by affiliating hospital schools.

Seventy-five students, or 51 per cent of the student body, in this school underscored 2439 as is shown in Table 10, and this was the least number of problems reported by any of the schools. The average number of problems per pupil was 32.5. First-year students reported 680 or an average of 27.2 problems; second-year students reported 910 or an average of 36.4 problems; and third-year students reported 849 or an average of 34 problems.

Almost 28 per cent or 674 of the problems underscored were also circled, indicating these items were of greatest concern to the students. The average number of problems circled was nine.

As in Schools A and C, more problems were underscored

Table 10. Distribution of Student Problems by Years in School D.

Rank Order Problem Area		Percentage				Problems Circled
		Problems Underscored				
		1st yr	2nd yr	3rd yr	All yrs	
1.	Social and Recreational Activities.....	16.2	13.0	14.5	14.4	13.2
2.	Health and Physical Development.....	10.9	10.3	9.5	10.3	11.4
3.	Personal-Psychological Relations	9.3	10.1	7.2	8.9	9.6
4.	Finances and Living Conditions.....	5.9	8.5	10.3	8.4	8.3
5.	The Future: Professional and Educational.....	7.1	7.5	10.4	8.4	11.3
6.	Social-Psychological Relations...	6.3	9.8	6.1	7.5	6.7
7.	Curriculum and School Program..	8.2	5.4	9.2	7.5	5.3
8.	Courtship, Sex and Marriage.....	4.9	9.5	7.3	7.4	9.7
9.	Adjustment to School of Nursing	11.8	5.9	4.9	7.2	7.0
10.	Adjustments to Administration of Nursing Care.....	7.5	6.7	6.1	6.7	4.2
11.	Adjustment to Human Relationships in Nursing.....	5.5	4.4	7.3	5.7	4.6
12.	Morals and Religion	4.1	5.8	4.1	4.7	5.2
13.	Home and Family	2.3	3.1	3.1	2.9	3.5
Number.....		680	910	849	2439	674
Average.....		27.2	36.4	34.0	32.5	9.0

and circled in the area of Social and Recreational Activities than in any other. Over 13 per cent of all problems reported were circled in this area. The area of next importance in the rank order was Health and Physical Development in which over 10 per cent of all problems reported were underscored. This was followed by problems of personal-psychological relations, finances and living conditions, and future planning. These first five areas accounted for over 51 per cent of all problems reported. Each of the first two areas listed in Table 10 accounted for nearly three times as many problems reported in each of the last two areas.

The pattern of problems for each of the three groups of students shows a variation in rank order with certain problems in common as was the case in each of the three other schools.

First-year students in this school are most concerned about social life and recreational activities; adjustment to school of nursing; health; personal-psychological relations; and the curriculum and school program. The first of these was notably high in frequencies reported. Again, as in each of the other three schools, the importance of well-organized counselling service is obvious.

In School D the second-year students reported more problems than did the same number of students in either the first or third years, as was the case in Schools A and B, and they

were concentrated in the areas of social and recreational life; health; personal and social-psychological relations; and courtship, sex and marriage. These areas accounted for 479 or more than half of all the problems of second-year students.

Third-year students reported over a half of their problems in five areas: social and recreational life; future planning; finances and living conditions; health; and curriculum and school program. The first of these was notably high in frequencies reported.

A listing of the more commonly reported problems of students in this school will be found in Chapter VI, Tables 16-28, and should be consulted.

3. Comparison of Problem Areas by Schools

Variation among schools.-- In Table 11 a summary of problem areas arranged in rank order and showing the number and percentages of problems underscored in each of the four schools, as well as the total number of problems underscored and circled in each area by the 300 students, will be found. The table is a compilation of data presented in Tables 7-10 and serves as a ready reference for those wishing to compare the differences existing in the various areas among the groups of the different schools.

Table 11. Comparison of Problem Areas by Schools.

Rank Order	Problem Area	Nursing Schools				Total	Total
		A	B	C	D	Under- scored	Circled
	No. of students.....	(75)	(75)	(75)	(75)		
1.	Social and Recreational No. Activities..... %	414* 11.1	371 11.7	328 12.7	351 14.4	1464 12.6	393 11.6
2.	Health and Physical De- No. velopment..... %	295 8.5	331* 10.5	235 9.1	249 10.3	1110 9.5	361 10.7
3.	Finances and Living No. Conditions..... %	331 9.5	351* 11.1	200 7.7	204 8.4	1086 9.3	334 10.0
4.	Curriculum and School No. Program..... %	344 10.0	388* 12.3	165 6.4	183 7.5	1080 9.2	281 8.3
5.	Personal-Psychological No. Relations..... %	303* 8.7	228 7.2	299 11.6	216 8.9	1046 8.9	337 10.0
6.	The Future: Profession- No. al and Educational... %	276* 7.9	233 7.4	246 9.5	204 8.4	959 8.2	280 8.3
7.	Adjustments to Adminis- No. tration of Nrsg.Care. %	286* 8.2	271 8.6	187 7.3	164 6.7	908 7.9	246 7.3
8.	Social-Psychological No. Relations..... %	249* 7.1	179 5.6	183 7.1	184 7.5	795 6.8	201 5.9
9.	Adjustment to Human Re- No. lationships in Nrsg. %	229 6.6	265* 8.4	144 5.6	140 5.7	778 6.7	198 5.8
10.	Adjustment to School No. of Nursing..... %	218 6.3	144 4.5	224* 8.7	176 7.2	762 6.6	226 6.7
11.	Courtship, Sex and No. Marriage..... %	212* 6.1	173 5.5	148 5.7	181 7.4	714 6.1	222 6.5
12.	Morals and Religion... No. %	162* 4.7	128 4.1	116 4.5	116 4.7	522 4.4	140 4.2
13.	Home and Family..... No. %	154* 4.5	98 3.1	107 4.1	71 2.9	430 3.8	150 4.4
Total Number.....		3473	3160	2582	2439	11654	3373

*Indicates school which leads in number of problems underscored.

It also may be noted from Table 11 that School D does not have an area in which it exceeds the other schools in total number of problems. School C has one area in which it surpasses all other schools in number of problems reported; that one being, Adjustment to School of Nursing. School B exceeds in four areas: Health and Physical Development; Finances and Living Conditions; Curriculum and School Program; and Adjustments to Human Relationships in Nursing. School A exceeds in eight areas: Social and Recreational Activities; Personal-Psychological Relations; The Future: Professional and Educational; Adjustments to Administration of Nursing Care; Social-Psychological Relations; Courtship, Sex and Marriage; and Home and Family.

Similarities in schools.-- In Table 12 the problem areas for the four schools of nursing have been arranged to show the rank order and to make comparisons possible. There is some agreement in the rank order of problem areas for all four schools. Problems in the areas of Social and Recreational Activities and Health and Physical Development are in the upper five areas of greatest concern for all schools, and problems in the areas of Morals and Religion and Home and Family are the two areas of apparent least concern for all schools.

Differences in rank order.-- However, certain important differences among schools should be noted. The greatest

Table 12. Comparison of Rank Order of Problem Areas for Individual Nursing Schools.

Rank Order	Problem Area	Nursing School				Sum of the Difference from Order of Total
		A	B	C	D	
1.	Social and Recreational Activities.....	1	2	1	1	1
2.	Health and Physical Development.....	5	4	4	2	7
3.	Finances and Living Conditions.....	3	3	6	4	4
4.	Curriculum and School Program.....	2	1	9	7	13
5.	Personal-Psychological Relations.....	4	8	2	3	9
6.	The Future: Professional and Educational.....	7	7	3	5	6
7.	Adjustments to Administration of Nursing Care	6	5	7	10	6
8.	Social-Psychological Relations.....	8	9	8	6	3
9.	Adjustment to Human Relationships in Nursing..	9	6	11	11	7
10.	Adjustment to School of Nursing.....	10	11	5	9	7
11.	Courtship, Sex and Marriage.....	11	10	10	8	4
12.	Morals and Religion.....	12	12	12	12	0
13.	Home and Family.....	13	13	13	13	0

variation occurs in the area of Curriculum and School Program which has a sum of difference from order of total in rank order of 13. Problems in this area should be the subject of particular study on the part of the faculty in Schools A and B.

The next greatest variation in rank order occurs in the area of Personal-Psychological Relations which has a sum of difference from order of total of 9. The total rank order is 5; School C gives it second place, School D third place, School A fourth place, and School B eighth place.

Students who are beset by such problems cannot be said to be living a well-integrated life and most certainly need guidance in surmounting their difficulties.

The three greatest variations are equal in three areas, which have a sum of difference from order of total of 7. The first area is Health and Physical Development which has a total rank order of 2, but School B and C give it 4 and School A 5. This points out that while this problem area is serious in each of the schools, it ranks higher in significance in School D. The place of a well-developed health program in schools of nursing has already been pointed out in Chapter III.

The area of Adjustments to Human Relationships in Nursing ties with the area of Health and Physical Development in

the sum of difference from order of total rank. The total rank order is 9, but School B ranks sixth, while Schools C and B give it eleventh place. This area is worthy of serious study on the part of those responsible for these schools.

The area of Adjustment to School of Nursing ties with the above two areas in the sum of difference from order of total rank. The rank order is 11, but School C is fifth in rank, School D ninth in rank, and School A is tenth in rank.

This area might be expected to show a variation from school to school, depending upon the particular selection of students, administration of the program, the prevalent policies and the conditions existing in each school. The importance of an all-over orientation program in all of its phases has already been pointed out in this chapter.

In the area of The Future: Professional and Educational the sum of difference in rank order of total is 6. The rank order is 6, but School C is third in rank. This points out that there are a larger number of students in this school who are concerned over future planning than in any of the other three schools.

The area of Adjustments to Administration of Nursing Care ties with the above area in the sum of difference in rank order of total. The rank order is 7, but in School D it is tenth in rank while in Schools B, A, and C it ranks fifth, sixth, and seventh place respectively. In each

school this problem area suggests a study of the problems encountered in the clinical fields of the various hospitals.

This study did not concern itself with an analysis of the quantity of personnel service provided in each of the schools, but it should be noted that the kinds of problems which characterize each school are related to both personnel and administrative policies and practices in each school.

It seems to the writer that each school needs to examine the effects of its services on student life and if necessary revise them to meet more adequately the needs of their students. The following quotation suggests the end to be achieved:^{1/}

The aim of the school of nursing is to select young persons with aptitude for nursing and help them to develop that aptitude in preparing themselves to give the best nursing service of which they are capable in the field of general nursing in an evolving democratic society, while achieving an optimum of self-realization.

This aim emphasizes not only the importance of selecting the right kind of students and providing the right kind of an educational program which is adjusted to meet ever-changing needs, but it also suggests the importance of considering the personality of each and every student.

If the student is to grow socially, spiritually, and professionally, then it is necessary to establish a favorable

^{1/}Fundamentals of Administration for Schools of Nursing, p. 22.
New York: National League of Nursing Education, 1940.

environment, which would include a faculty in the school who not only understand the aim of the school and the underlying philosophy of guidance, but also understand their relation to this function and their particular responsibilities.

It can readily be seen that certain administrative changes and adjustments in personnel practices are suggested by these findings.

An analysis of the foregoing tables has revealed the areas in which improved practices are needed. In the following three chapters these data will be considered in greater detail, to suggest more specifically the nature of student problems and the personnel program which appears to be needed.

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SCHOOL OF NURSING
LIBRARY

Boston University
School of Education
Library
Withdrawn

CHAPTER V
ANALYSIS AND COMPARISON OF PROBLEM
AREAS BY YEARS

1. Scope of the Chapter

The data to be considered.-- In this chapter the data on the problems of students have been rearranged to show by years and schools the number of problems underscored and circled. This classification of areas is provided to further facilitate the use of the data by the participating schools and to make possible further comparisons of problems in the four schools.

2. Problems of First-Year Students

Characteristics of students.-- As was noted in Table 1, these students were in their eighteenth year. They were all high school graduates, but no attempt was made to discover where they received their education or from whence they came.

The period in which first-year students had been in the school of nursing varied from three months to twelve months, but all had had some introduction to the clinical field. Because the orientation was well advanced the check list may not reveal fully the adjustment problems of new students,

which may have been numerous and varied in the new situation into which these individuals were suddenly plunged.

Number of problems underscored and circled.-- Table 13 shows that 100 first-year students in four schools of nursing underscored a total of 3821 problems or an average of 38.2 per pupil, and nearly 32 per cent or 1220 of problems underscored were also circled, showing that these were of most concern to the students.

Rank order of problem areas.-- Table 13 also reveals the areas in which the problems were concentrated. The area of Social and Recreational Activities leads in total rank order. A total of 527 or 13.8 per cent of all problems reported were in this group. The areas next in order of frequency of mention were Personal-Psychological Relations, Health and Physical Development, Curriculum and School Program, and Adjustment to School of Nursing. These five areas were of serious concern to the students, since they underscored more than two thousand problems and circled more than 53 per cent of items in this classification.

Variations in schools.-- While there are certain problem areas common to all first-year students, schools do differ in numbers of problems reported and rank order of problem areas. It is significant to note that in schools where fewer numbers of problems were reported that these students may not be as

Table 13. Areas of Problems Reported by First-Year Students in Four Schools of Nursing.

Rank Order	Problem Area	Percentage					
		Nursing Schools				All Schools	
		A	B	C	D	Under- scored	Circled
1.	Social and Recreational Activities.....	11.4	14.8	13.9	16.2	13.8	12.9
2.	Personal-Psychological Relations.....	10.8	6.4	14.1	9.3	10.1	12.1
3.	Health and Physical Development.....	9.4	11.2	8.9	10.9	10.0	10.0
4.	Curriculum and School Program.....	9.7	13.7	6.4	8.2	9.5	8.3
5.	Adjustment to School of Nursing.....	9.1	4.2	12.6	11.8	9.4	10.0
6.	Adjustments to Administration of Nursing Care	8.4	11.2	8.2	7.5	8.9	8.8
7.	The Future: Professional and Educational.....	7.0	7.1	8.1	7.1	7.5	7.0
8.	Finances and Living Conditions.....	7.7	9.2	4.1	5.8	6.8	6.1
9.	Adjustment to Human Relationships in Nursing..	5.6	9.7	5.4	5.6	6.5	6.3
10.	Social-Psychological Relations.....	7.3	3.2	8.1	6.3	6.4	6.1
11.	Courtship, Sex and Marriage.....	6.0	3.3	5.0	4.9	4.8	5.2
12.	Morals and Religion.....	4.1	2.7	2.8	4.1	3.4	3.2
13.	Home and Family.....	3.5	3.3	2.4	2.3	2.9	3.6
	Number.....	1165	937	1039	680	3821	1220
	Average.....	46.6	37.5	41.6	27.2	38.2	12.2

fully aware of their situation or as alert as those students who reported a greater number of problems.

It is important, however, that each school study its own set-up in terms of needs, values, goals, and purposes.

School A.-- Twenty-five students in this school reported a total of 1165 problems underscored. The average number of problems per pupil was 46.6 and this was the largest reported by any one school. The rank order for this school follows the pattern set for all schools in the first five areas, with the exception of the areas of health and curriculum which hold fourth and third places respectively.

School B.-- Twenty-five students in this school reported a total of 937 problems underscored. The average number of problems per pupil was 37.5 and this was the third largest reported in the four schools. The rank order for this school shows more variation from the total rank order than any of the other schools. Social life, curriculum, and health holds first, second, and third place, while adjustments to administration of nursing care and adjustment to human relationships in nursing ranks fourth and fifth place respectively. Personal-psychological relations drops from second place to eighth place from order of total and adjustment to school of nursing from fifth place to ninth place.

School C.-- A total of 1039 problems were underscored by 25 students in this school or an average of 41.6 per pupil.

This average represented the second largest reported in all schools. The rank order holds quite closely to the pattern in rank order in the first five areas for all first-year students. Personal-psychological relations, social life, adjustments to school of nursing, and health rank first to fourth places respectively, but adjustments to administration of nursing care, which ranks sixth in the total rank order, takes fifth place in this school.

School D.-- This school reported fewer problems than any other. Twenty-five students underscored a total of 680 problems or an average of 27.2 per pupil. This school also follows quite closely the rank order in the first five areas for all first-year students with some variations. Social life, adjustment to school of nursing, health, personal-psychological relations, and curriculum rank one to five respectively.

There is very little variation in all schools in total rank order of twelfth in the area of morals and religion. Schools A, C, and D ranks twelfth while School B ranks thirteenth. All schools rank thirteenth in the area of home and family, with the exception of School B which gives it eleventh place.

3. Problems of Second-Year Students

Characteristics of students.-- Table 1 revealed that these students were in their nineteenth year. The duration of time in the school varied from 13 to 24 months. Some of these students were away from their home school.

Number of problems underscored and circled.-- Table 14 shows that 100 second-year students in four schools of nursing underscored 4072 problems. This was the largest number of problems reported by any of the three groups, and this fact is significant in that it implies that there is a drastic need for organized personnel service to discover the internal tensions and external pressures with which the second-year students are struggling and to assist these individuals to deal with them creatively, as well as make necessary administrative adjustments to correct things beyond these students' control.

Over 29 per cent or 1190 of the problems underscored were also circled, indicating that these were of most concern to the students.

Rank order of problem areas.-- Table 14 also reveals the areas in which the problems were concentrated. The area of social activities was first in rank order. A total of 462 or 11.3 per cent of all problems reported were in this group. This area was followed by Finances and Living Conditions,

Table 14. Areas of Problems Reported by Second-Year Students in Four Schools of Nursing.

Rank Order	Problem Area	Percentage					
		Nursing Schools				All Schools	
		A	B	C	D	Under- scored	Circled
1.	Social and Recreational Activities.....	11.0	9.6	12.7	13.7	11.3	9.7
2.	Finances and Living Conditions.....	11.3	12.6	9.2	8.5	10.7	12.0
3.	Curriculum and School Program.....	11.3	11.8	7.8	5.5	9.6	9.3
4.	Health and Physical Development.....	8.4	9.2	9.4	10.3	9.2	10.6
5.	Personal-Psychological Relations.....	7.0	7.7	9.4	10.1	8.3	8.4
6.	Adjustments to Administration of Nursing Care	8.5	7.8	6.9	6.7	7.6	6.8
7.	The Future: Professional and Educational.....	7.5	7.2	8.1	7.4	7.5	7.6
8.	Social-Psychological Relations.....	6.2	7.2	6.5	9.8	7.3	6.6
9.	Courtship, Sex and Marriage.....	6.9	5.8	6.8	9.4	7.1	8.1
10.	Adjustment to Human Relationships in Nursing..	7.5	7.9	5.4	4.4	6.6	5.0
11.	Morals and Religion.....	5.0	5.6	5.9	5.8	5.5	6.0
12.	Adjustment to School of Nursing.....	4.8	4.9	6.3	5.9	5.4	5.2
13.	Home and Family.....	4.6	2.7	5.6	3.2	3.9	4.6
	Number.....	1369	1130	663	910	4072	1190
	Average.....	54.7	45.2	26.5	36.4	40.7	11.9

Curriculum and School Program, Health and Physical Development, and Personal-Psychological Relations. There were almost two thousand items underscored in these five areas and they also include 50 per cent of all items circled.

School A.-- Twenty-five students in this school underscored a total of 1369 problems. The average number of problems per pupil was 54.7 and this was the largest reported by any one school. The rank order in the first five areas shows a variation from the total rank order. Finances and living conditions, curriculum, social life, adjustments to administration of nursing care, and health hold the first five places in order of frequency. Personal-Psychological Relations, which holds fifth place in the total rank order, drops down to eighth place in this school.

School B.-- There was a total of 1130 problems underscored by 25 students in this school. The average number of problems per pupil was 45.2, which was the second largest reported by any one of the schools. The rank order in the first five areas is quite similar to that of School A with some variations. These students give the first to fifth place in rank order to the areas of finances and living conditions, curriculum, social life, health, and adjustments to human relationships in nursing. This latter area was tenth in the total rank order of all areas.

School C.-- Twenty-five students in this school under-scored a total of 663 problems. The average number of problems per pupil was 26.5, which was the smallest for any one school. The rank order shows some variation from the pattern set for the first five areas for all second-year students. The rank order from 1 to 5 respectively is as follows: Social life, health, personal-psychological relations, finances and living conditions, and future planning. Curriculum which ranks third in the total holds sixth place in this school.

School D.-- Twenty-five students in this school under-scored a total of 910 problems. The average number of problems per pupil was 36.4, which is third largest reported in all schools. The rank order in the first five areas shows a greater variation from the total rank order than any of the schools. Social life, health, personal-psychological relations, social-psychological relations, and courtship, sex, and marriage rank from 1 to 5 respectively. Curriculum, which is third in total rank order, ranks eleventh in this school and finances and living conditions, which is second in total rank order, holds sixth place. Courtship, sex, and marriage holds ninth place in the total rank order.

4. Problems of Third-Year Students

Characteristics of students.-- Table 1 revealed that these students were in their twentieth year. They were in a nursing school for a period of over two years and some of these students were away from their home schools.

Number of problems underscored and circled.-- Table 15 shows that 100 third-year students in four schools of nursing underscored a total of 3761 problems, or an average of 37.6 per pupil. Over 25 per cent or 963 of the problems underscored were also circled, indicating that these were of more vital concern to the students.

Rank order of problem areas.-- Table 15 also reveals the areas in which the problems of third-year students were concentrated. The area of social activities was first in rank order. A total of 475 or 12.6 per cent of all problems reported were in this group. The next four areas in order of frequency of mention were: Finances and Living Conditions; The Future: Professional and Educational; Health and Physical Development; and Curriculum and School Program. These five areas constitute over nineteen hundred of all the problems underscored and include over 54 per cent of all items circled.

School A.-- Twenty-five students in this school underscored a total of 939 problems, which is second to the largest in numbers reported by any one school. The average number of

Table 15. Areas of Problems Reported by Third-Year Students in Four Schools of Nursing.

Rank Order	Problem Area	Percentage					
		Nursing Schools				All Schools	
		A	B	C	D	Under- scored	Circled
1.	Social and Recreational Activities.....	13.7	11.3	11.3	14.5	12.6	12.6
2.	Finances and Living Conditions.....	9.2	11.3	10.9	10.3	10.4	12.5
3.	The Future: Professional and Educational.....	9.8	7.8	12.3	10.4	10.0	10.9
4.	Health and Physical Development.....	7.5	11.2	9.2	9.5	9.4	11.2
5.	Curriculum and School Program.....	8.1	11.6	5.3	9.2	8.7	7.2
6.	Personal-Psychological Relations.....	8.6	7.5	10.2	7.2	8.3	9.3
7.	Adjustment to Human Relationships in Nursing..	6.6	7.8	5.8	7.3	7.0	6.3
8.	Adjustments to Administration of Nursing Care	7.7	7.1	6.4	6.1	6.8	6.2
9.	Social-Psychological Relations.....	8.4	6.2	6.4	6.1	6.7	4.9
10.	Courtship, Sex and Marriage.....	5.1	7.0	5.8	7.3	6.4	6.6
11.	Adjustment to School of Nursing.....	4.9	4.4	5.8	4.9	5.0	3.7
12.	Morals and Religion.....	4.9	3.5	5.5	4.1	4.5	3.5
13.	Home and Family.....	5.5	3.3	5.1	3.1	4.2	5.3
	Number.....	939	1093	880	849	3761	963
	Average.....	37.5	43.7	35.2	34.0	37.6	9.6

problems per pupil was 37.5. There is some variation in the rank order of problem areas as compared with the general pattern for all third-year students. The rank order for the first five areas in terms of frequency of mention are as follows: Social life, future planning, finances and living conditions, personal-psychological relations, and social-psychological relations. One might reasonably expect that third-year students would not be so involved in these latter two areas, and it significantly shows that there must be lack of rapport between the faculty and the students. The area of health which ranks fourth place in the total rank order, is in eighth place in this school, and the area of curriculum ranking fifth place in the total rank order, is in sixth place.

School B.-- There was a total of 1093 problems underscored by 25 students in this school, which was the largest number of problems reported in this group of third-year students. The average number of problems reported was 43.7 per pupil. All the problems reported fall within the pattern set for the first five areas by all senior students, with variations in rank order. Curriculum and school program ranks first in order of frequency, social life ranks second, finances and living conditions ranks third, health ranks fourth, and future planning ranks fifth.

School C.-- Twenty-five students in this school underscored a total of 880 problems, which was the third largest

number of problems reported in the four schools. The average number of problems reported was 35.2 per pupil. There is some variation in the rank order of problem areas as compared with the total rank order of the first five areas for all third-year students. The rank order from 1 to 5 respectively for this school is as follows: Future planning, social life, finances and living conditions, personal-psychological relations, and health. The area of Curriculum and School Program which ranks fifth in the total rank order, ranks eleventh in this school.

School D.-- A total of 849 problems were underscored by 25 students in this school, which was the smallest number of problems reported by a third-year group. The average number of problems reported was 34 per pupil. There is very little variation of rank order from the total rank for the first five areas for all third-year students. It occurs in the areas of finances and living conditions and future planning, taking third and second places in rank respectively, instead of second and third places as in the total rank order.

A comparison of the rank order of problem areas by years has already been discussed in Chapter III and may be noted by consulting Table 6.

5. Implications of Findings for School Guidance and Administration

The need for group guidance.-- It is evident from the data presented in this chapter that there is a definite need for group guidance in schools of nursing. All students need, at various times, to have their thinking clarified and to be guided into the channels of wholesome thoughts, and sometimes much can be accomplished to strengthen the morale of a school by democratic discussions. In the school curriculum there are courses in Professional Adjustments which are part of the requirements of first-year students and third-year students, but there is no comparable course for second-year students. It should not be assumed that "adjustment" is something that ends after the first five months and is resumed again in the senior year. Life is a series of adjustments, and certainly some individuals need to be constantly guided in making right adjustments in all kinds of situations, in order to live more abundantly. An efficient orientation program should function effectively during the time students are receiving their clinical experience over the three-year period as well as in other phases of their education. Topics based upon other problems reported should be scheduled for discussion. Certain other established courses in the schools' program, such as Introduction to Nursing Arts, Psychology, and Personal

Hygiene can be admirably adapted to assist students with many of their own personal, social, and professional problems.

The extracurricular programs of the schools offer other excellent possibilities if they are developed around the real needs of students. The data in this study suggests the need for introducing materials not commonly found in organized courses at present and for sponsoring student activities not ordinarily a part of the schools' extracurricular program.

Suggestions for this new content and activity may be found in a consideration of the specific problems of student nurses reported in the next chapter.

CHAPTER VI
ANALYSIS OF ITEMS WITHIN PROBLEM AREAS
BY YEAR AND SCHOOL

1. Scope of the Chapter

The data to be considered.-- In this chapter the data on the problems have been classified to show the items within a given area which have been underscored and circled by the students participating in this study. This provides information concerning the specific problems confronting the students, and is an essential break-down in order that the best use may be made of the findings by the cooperating schools.

2. Analysis of Items Within Areas

Rank order of problems.-- Tables 16 to 28 reveal the problems of students ranked in order of frequency within each area, and have been set up so that the schools and levels of the students within the schools can be readily identified in all of the thirteen areas.

It should be noted that, for this study, only the items in each area that were checked by 20 per cent or more of the students in each year have been included in the tables. The figure 20 was arbitrarily chosen, in order to avoid listing

problems that were underscored by a comparatively few students. However, it should not be taken for granted that problems that are not checked by at least 20 per cent of the students are not significant. On the contrary, the two students who underscored and circled the item, "afraid of a nervous breakdown," may desperately need treatment.

Table 16. Items in the Area of Social and Recreational Activities Underscored by 20 Per Cent or More of All the Students.

		Nursing Schools				No. and Percent	
Item No.	Problem	A	B	C	D	Under-scored	Circled
No. of students.....		(25)	(25)	(25)	(25)		
<u>First-Year Students</u>							
269	Too little time for sports	9	16	11	11	47	13
9	Not enough time for recreation.....	8	13	11	14	46	15
62	Too little social life....	13	16	8	9	46	14
323	Too little chance to read what I like.....	13	7	6	7	33	10
270	Too little chance to enjoy art or music.....	8	8	6	10	32	10
113	Missing former social life	8	7	5	9	29	12
272	Too little chance to go to shows.....	5	14	7	3	29	6
271	Too little chance to listen to the radio.....	6	13	4	5	28	8
217	Not enough time for myself	5	8	5	7	25	8
322	Too little chance to do what I want to do.....	3	7	6	6	22	5
64	Unskilled in conversation.	4	2	12	3	21	9
<u>Second-Year Students</u>							
269	Too little time for sports	12	12	9	11	44	13
62	Too little social life....	12	13	6	10	41	11
9	Not enough time for recreation.....	13	12	7	8	40	11
113	Missing former social life	10	7	2	7	26	9

Table 16 (concluded).

		Nursing Schools				No. and Percent	
Item No.	Problem	A	B	C	D	Under-scored	Circled
<u>Second-Year Students (cont.)</u>							
322	Too little chance to do what I want to do.....	11	5	7	3	26	7
270	Too little chance to enjoy art or music.....	11	4	3	7	25	5
10	Lacking a place to entertain friends.....	10	2	3	7	22	7
61	Boring days off.....	9	4	3	6	22	7
115	Nothing interesting to do in spare time.....	8	7	1	6	22	6
271	Too little chance to listen to the radio.....	9	5	5	3	22	4
<u>Third-Year Students</u>							
62	Too little social life....	10	12	10	17	49	19
9	Not enough time for recreation.....	6	10	10	14	40	17
269	Too little time for sports	9	11	5	13	38	8
220	Desiring more cooperation among students.....	7	7	10	11	35	10
113	Missing former social life	7	8	5	9	29	4
270	Too little chance to enjoy art or music.....	6	1	9	10	26	4
115	Nothing interesting to do in spare time.....	4	7	4	8	23	4
322	Too little chance to do what I want to do.....	5	9	4	5	23	4
12	Being ill at ease at social affairs.....	8	9	3	2	22	5
61	Boring days off.....	7	7	3	5	22	6

Comment on problems of Social and Recreational Activities.--

The problems underscored in the area of Social and Recreational Activities show very clearly that the students need assistance in budgeting their time, so they may have opportunity to more

wisely use their leisure moments. The students who checked "boring days off" certainly need a great deal of assistance in planning their leisure time. It should be recognized that extra-professional activities should be provided to take care of normal, wholesome student interests. However, it might also be impressed on the students through group guidance that the profession which they have chosen to follow carries with it added responsibilities, and they may not have time to enjoy all the activities they participated in before entrance to the nursing school. On the other hand, in some instances, a student may wisely plan for her off-duty time, only to have it taken away from her because of some administrative procedure. The students who checked "being ill at ease at social affairs" need to be given opportunities for overcoming this difficulty, since it may prove to be a serious handicap not only at the present time but in the future lives of these individuals. "Lacking a place to entertain friends" is a real problem for some students, and should be noted by those responsible for such provisions in the dormitories.

Comment on problems of Health and Physical Development.--

The items checked by 20 per cent or more of the students in this area are comparatively few in number, but contain the item "not getting enough outdoor air and sunshine" that was most frequently checked by the students in all three levels, and the item "not enough sleep" that was the next most

Table 17. Items in the Area of Health and Physical Development Underscored by 20 Per Cent or More of All the Students.

Item No. Problem		Nursing Schools				No. and Percent	
		A	B	C	D	Under- scored	Circled
No. of students.....		(25)	(25)	(25)	(25)		
<u>First-Year Students</u>							
54	Not getting enough outdoor air and sunshine.....	17	17	15	18	67	29
4	Not enough sleep.....	13	12	15	7	47	17
263	Tired feet.....	10	10	3	2	25	9
1	Tiring very easily.....	8	6	5	5	24	9
316	Not eating a well-balanced diet.....	4	16	2	0	22	6
53	Not getting enough exercise	5	6	6	4	21	4
<u>Second-Year Students</u>							
54	Not getting enough outdoor air and sunshine.....	16	16	19	17	68	26
4	Not enough sleep.....	10	15	10	8	43	13
316	Not eating a well-balanced diet.....	3	19	4	5	31	15
53	Not getting enough exercise	4	5	5	9	23	7
263	Tired feet.....	9	8	1	4	22	8
<u>Third-Year Students</u>							
54	Not getting enough outdoor air and sunshine.....	14	16	12	19	61	20
316	Not eating a well-balanced diet.....	3	17	5	11	36	11
53	Not getting enough exercise	7	9	3	7	26	7
1	Tiring very easily.....	8	7	4	5	24	7
4	Not getting enough sleep...	3	10	9	2	24	7
315	Not getting enough to eat..	0	15	3	6	24	15

frequently checked. These problems are often related with problems in other areas, especially with the wise use of time.

However, due to the very nature of nursing, students are often

confined in the hospital during the greater part of the day, and probably they never do get an adequate amount of sunshine and fresh air.

The problems of "tiring very easily," "tired feet," and "not eating a well-balanced diet" are more serious in nature and should be under the care of the physician responsible for the students' health. The item "not getting enough to eat" is certainly a matter of serious consideration by the administration.

Comment on problems of Finances and Living Conditions.--

The item most frequently checked in this area is "tiring of the same meals all the time." There is a certain "sameness" about institutional food that cannot be denied, and sometimes the dietary department lacks imagination, but this study was made during very difficult times when there were both food and help shortages. The problem of "infrequent all-night or late permits" is one that concerns the students in the first and second years. It may be that the students are inconsistent; they comment on not getting enough sleep and yet want to stay out more frequently. These girls are still in their "teens" and it is important that they get sufficient rest and sleep in order to carry through their heavy program. However, it is also important that they be permitted on special occasions to have an extra late-leave or all-night permission. Through carefully handled group guidance, students could be

Table 18. Items in the Area of Finances and Living Conditions
Underscored by 20 Per Cent or More of All the Students.

Item No. Problem		Nursing Schools				No. and Percent	
		A	B	C	D	Under- scored	Circled
No. of students.....		(25)	(25)	(25)	(25)		
<u>First-Year Students</u>							
317	Tiring of the same meals all the time.....	7	22	8	11	48	16
265	Infrequent all-night or late permits.....	1	20	5	7	33	9
8	Managing my finances poorly	9	4	4	3	20	5
<u>Second-Year Students</u>							
317	Tiring of the same meals all the time.....	17	24	5	12	58	22
265	Infrequent all-night or late permits.....	18	16	11	7	52	24
112	Disliking financial depend- ence on family.....	11	8	9	8	36	12
216	Noise in home interfering with sleep.....	2	17	6	6	31	10
213	Living quarters unsatis- factory.....	8	14	0	1	23	13
320	Too much discipline in Nurses' Home.....	10	6	4	3	23	8
6	Too little money for clothes	10	3	3	5	21	4
214	Lacking privacy in living quarters.....	10	7	2	2	21	10
<u>Third-Year Students</u>							
317	Tiring of the same meals all the time.....	7	21	9	14	51	19
112	Disliking financial de- pendence on family.....	13	6	12	11	42	20
265	Not fitting into the group with which I live.....	5	16	6	5	32	10
216	Noise in home interfering with sleep.....	5	14	3	3	25	6
213	Living quarters unsatis- factory.....	3	17	2	1	23	7
6	Too little money for clothes	6	6	6	4	22	6

led to draw up their own regulations that might more nearly meet the approval of the whole group. The problem of "disliking financial dependence on family" is a natural one for students, especially when some of their friends are working and earning a substantial salary. "Noise in home interfering with sleep" is a problem which could be controlled by properly organized student government. The items, "living quarters unsatisfactory" and "lacking privacy in living quarters," are problems which may be due to increased enrollment in the various schools and where students have to share their rooms with other students. It is more desirable that students have a room of their own. The problem of "not fitting into the group with which I live" may be interwoven with problems in other areas where students need counselling.

Comment on problems of Curriculum and School Program.--

First-year students are concerned with the item in this area of "too tired from nursing duties to study," while second and third-year students report "inability to remain awake in class." This problem could be due to difficult assignments and long hours spent on the wards. Students had an opportunity in this area to put the faculty on the spot. Those items which might reflect on the faculty were "dull classes," which was checked by all three groups; "Director of Nurses lacks understanding of students," checked by second and third-year groups; and "instructors lacking understanding of students,"

Table 19. Items in the Area of Curriculum and School Program Underscored by 20 Per Cent or More of All the Students.

		Nursing Schools No. and Percent					
Item No.	Problem	A	B	C	D	Under-scored	Circled
No. of students.....		(25)	(25)	(25)	(25)		
<u>First-Year Students</u>							
353	Too tired from nursing duties to study.....	12	12	11	6	41	14
42	Dull classes.....	8	10	5	4	27	3
354	Classrooms improperly ventilated and lighted.....	6	8	7	3	24	7
<u>Second-Year Students</u>							
355	Inability to remain awake in classes.....	13	13	7	10	43	13
41	School too indifferent to student's problems.....	21	15	4	2	42	19
43	Director of Nurses lack understanding of students	12	21	3	3	39	17
353	Too tired from nursing duties to study.....	9	13	6	3	31	11
42	Dull classes.....	9	5	2	7	23	5
146	Too few chances to express ideas or opinions.....	10	3	5	4	22	2
303	Hard to study in living quarters.....	4	12	2	3	21	6
301	Instructors lacking understanding of students.....	12	6	1	1	20	10
<u>Third-Year Students</u>							
41	School too indifferent to student's problems.....	13	11	5	7	36	16
355	Inability to remain awake in classes.....	5	10	5	12	32	5
42	Dull classes.....	4	17	3	7	31	11
43	Director of Nurses lacks understanding of students	3	9	2	9	23	10

checked by second-year students. The problem of "classrooms improperly ventilated and lighted" was checked by first-year students and this is a matter which should be very easily adjusted by both the students and the administrators. The problem of "hard to study in living quarters" checked by second-year students suggests that more provision should be made for study rooms adequately lighted and ventilated. The problem of "too few chances to express ideas or opinions" underscored by second-year students, and "school too indifferent to student's problems," is significant, in that schools of nursing should aim to have a more democratic philosophy rather than keep the autocratic philosophy which is more or less a carry-over from the system used by the Military Nursing Orders, which were formed during the time of the Crusades. Have we been guilty in a system which still retains much that is militaristic in nature, of superimposing our ideas upon the students, and holding them rigidly to the letter of the law rather than taking time to listen to their point of view?

Comment on the problems of Personal-Psychological Relations.-- Most of the items in this area checked by 20 per cent or more of the students in each of the three groups, are concerned with internal pressures. The problems of "nervousness," "lacking self-confidence," "afraid of making mistakes," "taking things too seriously," and "day-dreaming," are common to the three levels of students. The cause of these problems may be

Table 20. Items in the Area of Personal-Psychological Relations Underscored by 20 Per Cent or More of All the Students.

		Nursing Schools				No. and Percent	
Item							
No.	Problem	A	B	C	D	Under-scored	Circled
No. of students.....		(25)	(25)	(25)	(25)		
<u>First-Year Students</u>							
19	Nervousness.....	11	9	12	7	39	18
279	Lacking self-confidence...	11	5	15	7	38	20
277	Afraid of making mistakes.	13	7	12	5	37	15
18	Taking things too seriously	6	9	12	6	33	12
124	Worrying about unimportant things.....	10	1	6	6	23	9
173	Daydreaming.....	7	2	7	6	22	6
<u>Second-Year Students</u>							
69	Moodiness, having the "blues".....	13	7	7	8	35	10
18	Taking things too seriously	8	5	9	8	30	11
279	Lacking self-confidence...	7	9	5	8	29	12
173	Daydreaming.....	9	4	4	10	27	3
277	Afraid of making mistakes.	5	7	3	8	23	3
19	Nervousness.....	5	4	4	7	20	6
225	Losing my temper.....	7	6	4	3	20	8
<u>Third-Year Students</u>							
69	Moodiness, having the "blues".....	10	9	14	5	38	15
18	Taking things too seriously	13	6	10	6	35	21
279	Lacking self-confidence...	8	7	8	4	27	10
173	Daydreaming.....	8	7	6	4	25	3
19	Nervousness.....	6	10	4	4	24	8
277	Afraid of making mistakes.	4	5	6	6	21	3

many and varied, but certainly they undermine the students' feeling of well-being and cannot help but reflect in their quality of work. The item "losing my temper" is checked by

second-year students and this too is unhealthy. The item "moodiness and having the 'blues'" is checked by second and third-year students. It is important that all students seriously troubled by such problems be directed to well-qualified specialists.

Comment on the problems of The Future: Professional and Educational.-- The students in this area already have chosen their vocation but some of the first-year group are concerned with the item, "afraid I'll never become an R.N.," which is to be expected. But 20 per cent and over of the students in each of the three groups are "wondering if I'll be successful in life" and are "concerned about entering military service." It is natural for young girls, once having chosen a vocation, to wonder about their outcome. This may be interwoven with many other problem areas, but these students need reassurance both in themselves and in the work which they have elected. Since this was a time of World War II, it is also natural that many were concerned over military service. The item "needing to know my professional abilities" which was checked by first and third-year students, shows the need for students to learn how to evaluate themselves in terms of professional standards. The items checked by second and third-year students which concern "needing information about future fields in nursing," "not able to decide what nursing fields to enter," and "need education beyond nursing course," together with those

Table 21. Items in the Area of The Future: Professional and Educational Underscored by 20 Per Cent or More of All the Students.

Item No. Problem		Nursing Schools				No. and Percent	
		A	B	C	D	Under- scored	Circled
No. of students.....		(25)	(25)	(25)	(25)		
<u>First-Year Students</u>							
92	Wondering if I'll be suc- cessful in life.....	14	8	12	9	43	16
39	Needing to know my profes- sional abilities.....	7	5	11	8	31	11
300	Concerned about entering the military service....	7	9	4	5	25	7
193	Afraid I'll never become an "R.N.".....	10	4	6	4	24	8
<u>Second-Year Students</u>							
300	Concerned about entering military service.....	8	10	6	9	33	12
92	Wondering if I'll be suc- cessful in life.....	11	6	6	7	30	7
247	Needing information about future fields in nursing	9	10	5	4	28	6
246	Not able to decide what nursing fields to enter.	6	7	5	4	22	7
248	Need education beyond nursing course.....	10	4	3	3	20	8
<u>Third-Year Students</u>							
300	Concerned about entering military service.....	8	15	11	13	47	19
246	Not able to decide what nursing fields to enter.	9	8	8	10	35	10
92	Wondering if I'll be suc- cessful in life.....	8	9	10	5	32	9
91	Wanting to get out of school on my own.....	7	8	4	12	31	11
39	Needing to know my profes- sional abilities.....	4	5	13	4	26	10
247	Need information about future fields of nursing	6	6	7	5	24	3
245	Not knowing what I really want.....	7	5	5	5	22	7
89	Needing to plan ahead for the future.....	5	5	7	4	21	6
248	Need education beyond nursing course.....	5	1	5	9	20	7

items checked by third-year students as "needing to plan ahead for the future" and "not knowing what I really want," call for a definite program covering future planning, and of self-analysis and appraisal sufficient to help these students make definite choices and plans. Some of the third-year students indicate they are impatient or perhaps have lost some of their enthusiasm by checking the item, "wanting to get out of school on my own."

Comment on the problems of Adjustments to Administration of Nursing Care.-- The items checked in this area by 20 per cent or more of the hundred students in each year indicate restrictions on time and related pressures on the students in the clinical services. The problem, "off-duty time not scheduled so one can plan for it," ranks first in each of the three groups, and "failure of departments to orient students" and "too little credit given for good nursing care" was also checked by the three groups. This indicates that students recognize the need for adequate orientation to clinical departments and also they feel the need for some commendation when work is well done. While the writer is well aware of the tremendous difficulties those in charge of nursing service had to cope with during this period, on the other hand students need to be given opportunity to plan for their time off-duty and not have their plans upset habitually. The item, "too little chance to know the patient as a 'whole',"

Table 22. Items in the Area of Adjustments to Administration of Nursing Care Underscored by 20 Per Cent or More of All the Students.

Item No.		Problem	Nursing Schools				No. and Percent	
			A	B	C	D	Under- scored	Circled
No. of students.....			(25)	(25)	(25)	(25)		
<u>First-Year Students</u>								
102	Off-duty time not scheduled so one can plan for it...		15	21	3	3	42	20
49	Failing to organize my work well.....		1	3	15	5	24	12
206	Afraid of causing pain when giving treatments.....		10	4	6	4	24	7
205	Afraid of becoming a "hard-boiled" nurse.....		8	8	5	2	23	4
258	Failure of departments to orient students.....		11	9	2	1	23	4
260	Too little credit given for good nursing care.....		8	6	5	3	22	6
<u>Second-Year Students</u>								
102	Off-duty time not scheduled so one can plan for it...		19	21	8	8	56	25
260	Too little credit given for good nursing care.....		8	9	4	7	28	13
205	Afraid of becoming a "hard-boiled" nurse.....		12	5	2	5	24	1
258	Failure of departments to orient students.....		10	4	3	5	22	2
<u>Third-Year Students</u>								
102	Off-duty time not scheduled so one can plan for it...		20	12	12	6	50	22
260	Too little credit given for good nursing care.....		7	11	8	9	35	9
258	Failure of departments to orient students.....		10	7	6	3	26	5
263	Too little chance to know the patient as a "whole".		7	3	6	5	21	3

checked by third-year students is a plea for more use of the case-assignment method on hospital wards. Second and first-year students are concerned with "afraid of becoming a 'hard-boiled' nurse." Does this indicate that during this time standards were being let down by others in the profession, or is it an individualized thing?

Comment on the problems of Social-Psychological Relations.-- In this area students have indicated a desire to improve their personalities and to correct faulty habits. The item "talk shop too much" which ranks first should be discouraged and it is encouraging to note that students recognize this fact. Much could be done to eliminate this evil by extracurricular activities. The students' desire for a more pleasing personality should be encouraged, and it should be impressed upon them that they should try to develop their more desirable personality traits.

Comment on the problems of Adjustments to Human Relationships in Nursing.-- The items in this area indicate correlated pressures on the students in nursing. The problem "can't seem to please some supervisors" is in first rank order in the first and second-year group and fourth in the third-year group. The items "supervisors expecting too much from us" is second in order of frequency in the first-year students and "supervisors not trusting us enough" ranks third in order of frequency in the second and third-year group. This indicates

Table 23. Items in the Area of Social-Psychological Relations Underscored by 20 Per Cent or More of All the Students.

Item No.		Problem	Nursing Schools				No. and Percent	
			A	B	C	D	Under- scored	Circled
No. of students.....			(25)	(25)	(25)	(25)		
<u>First-Year Students</u>								
326	Talk shop too much.....		5	8	9	6	28	13
276	Speaking or acting before I think.....		9	2	8	6	25	7
273	Wanting a more pleasing personality.....		6	2	8	6	24	10
68	Feeling inferior.....		8	1	8	3	20	6
<u>Second-Year Students</u>								
326	Talk shop too much.....		12	6	7	11	36	10
221	Disliking certain persons.		7	15	2	3	27	8
273	Wanting a more pleasing personality.....		8	6	4	5	23	8
16	Feelings too easily hurt..		7	6	3	6	22	7
276	Speaking or acting before I think.....		8	6	2	5	21	4
<u>Third-Year Students</u>								
326	Talk shop too much.....		8	3	6	6	23	4
276	Speaking or acting before I think.....		6	5	5	5	21	7
16	Feelings too easily hurt..		5	7	4	4	20	3
221	Disliking certain persons.		4	8	5	3	20	3
273	Wanting a more pleasing personality.....		9	5	3	3	20	5

that the rapport between supervisor and student is lacking in quality and that something should be done to have it strengthened. The students in all three groups check the item "dislike caring for demanding patients." It would seem that these

Table 24. Items in the Area of Adjustments to Human Relationships in Nursing Underscored by 20 Per Cent or More of All the Students.

Item No. Problem		Nursing Schools				No. and Percent	
		A	B	C	D	Under- scored	Circled
No. of students.....		(25)	(25)	(25)	(25)		
<u>First-Year Students</u>							
46	Can't seem to please some supervisors.....	8	14	10	6	38	14
98	Supervisors expecting too much from us.....	5	12	9	5	31	12
253	Dislike caring for demand- ing patients.....	10	11	5	4	30	6
308	Too many people "passing the buck".....	7	12	6	5	30	10
<u>Second-Year Students</u>							
46	Can't seem to please some supervisors.....	15	11	5	6	37	11
308	Too many people "passing the buck".....	12	13	3	7	35	9
48	Supervisors not trusting us enough.....	12	11	5	2	30	7
253	Dislike caring for demand- ing patients.....	8	8	3	7	26	8
<u>Third-Year Students</u>							
308	Too many people "passing the buck".....	12	15	12	9	48	9
253	Dislike caring for demand- ing patients.....	9	4	9	10	32	7
48	Supervisors not trusting us enough.....	10	4	7	8	29	7
46	Can't seem to please some supervisors.....	8	8	2	8	26	7



students fail to realize that patients who are physically ill may also be mentally ill and therefore need to be treated psychologically as well as physically. The item "too many people 'passing the buck'," is checked by all three groups and this might indicate that there is a general lack of a feeling of personal responsibility prevalent in all four situations.

Table 25. Items in the Area of Adjustment to School of Nursing Underscored by 20 Per Cent or More of All the Students.

Item No. Problem		Nursing Schools				No. and Percent	
		A	B	C	D	Under- scored	Circled
No. of students.....		(25)	(25)	(25)	(25)		
<u>First-Year Students</u>							
88	Worrying about examinations	17	8	16	10	51	19
348	Don't know how to study effectively.....	8	4	10	8	30	17
85	Unable to concentrate well	8	2	9	8	27	10
140	Fear failure in school of nursing.....	8	0	10	5	23	13
189	Unable to express myself in words.....	6	4	9	4	23	8
345	Can't get lessons in the time I have for study...	4	4	11	4	23	11
190	Afraid to speak up in class discussions.....	7	3	6	6	22	5
<u>Second-Year Students</u>							
88	Worrying about examinations	9	15	6	4	34	10
<u>Third-Year Students</u>							
88	Worrying about examinations	4	10	6	6	26	8

Comment on the problems of Adjustment to School of Nursing.--

The items checked in this area by 20 per cent or over of the students in each of the three groups indicate that first-year students are more concerned about the scholastic side of nursing than are those in the second and third-year groups. However, the item, "worrying about examinations," ranks first on the three levels, which may be tied up with poor study habits or improper concentration on various subjects. It also may be interwoven with many other problem areas. Help should be given early in the course to the first-year students so they may not become too discouraged and give up their chosen work. Such items as "don't know how to study effectively," "unable to concentrate well," "fear of failure in school of nursing," "unable to express myself in words," "can't get lessons in the time I have for study," and "afraid to speak up in class discussions" are very important since they might cause a student to fail in many courses. If sufficient help cannot be received from a counselor, then these students should have clinical assistance in order to overcome their weakness or weaknesses.

Comment on the problems of Courtship, Sex and Marriage.--

In the area of Courtship, Sex and Marriage it was found that the problem checked most frequently by the students in the three years was "absence of boy friend." Closely allied to this problem are the items "wondering if I'll find a suitable

Table 26. Items in the Area of Courtship, Sex and Marriage Underscored by 20 Per Cent or More of All the Students.

		Nursing Schools				No. and Percent	
Item	Problem	A	B	C	D	Under-scored	Circled
No.							
No. of students.....		(25)	(25)	(25)	(25)		
<u>First-Year Students</u>							
283	Absence of boy friend.....	9	5	3	5	22	13
76	Wondering if I'll find a suitable mate.....	9	2	7	3	21	5
<u>Second-Year Students</u>							
283	Absence of boy friend.....	7	8	4	11	30	10
333	Wanting love and affection	10	6	3	9	28	12
73	Too few dates.....	6	9	3	9	27	12
179	Deciding whether I'm in love.....	7	6	4	7	24	9
127	Wondering if I'll ever get married.....	8	7	1	5	21	7
22	Not enough time for dates.	11	5	2	2	20	2
<u>Third-Year Students</u>							
283	Absence of boy friend.....	5	6	6	10	27	8
73	Too few dates.....	2	10	2	6	20	3

mate," "wanting love and affection," "too few dates," "deciding whether I'm in love," and "wondering if I'll ever get married." These problems have no doubt been exaggerated by the war. With most of the men in the service, and the development of U.S.O. centers which excluded these girls, they were forced to curtail many of their social activities which otherwise would have been spent with their male friends. Again this suggests some kind of extracurricular activities which would broaden

the horizons of these students and make them feel that they, too, could make a worth-while contribution to the peace-time adjustment and rehabilitation program apart from their nursing.

Table 27. Items in the Area of Morals and Religion Underscored by 20 Per Cent or More of All the Students.

Item No.	Problem	Nursing Schools				No. and Percent	
		A	B	C	D	Under- scored	Circled
	No. of students.....	(25)	(25)	(25)	(25)		
	<u>First-Year Students</u>						
	(No problems above 20%)						
	<u>Second-Year Students</u>						
240	Can't forget some mistakes I've made.....	9	10	5	5	29	6
134	Wanting more chances for religious worship.....	4	0	7	10	21	10
135	Failing to go to church...	6	1	7	6	20	9
	<u>Third-Year Students</u>						
	(No problem above 20%)						

Comment on the problems of Morals and Religion.-- This area was twelfth in order of rank for all areas and no items were checked by first or third-year students above 20 per cent. However, second-year students indicated they needed assistance in such items as "can't forget some mistakes I've made," "wanting more chances for religious worship," and "failing to go to church."

Table 28. Items in the Area of Home and Family Underscored by 20 Per Cent or More of All the Students.

Item		Nursing Schools				No. and Percent	
No.	Problem	A	B	C	D	Under-scored	Circled
	No. of students.....	(25)	(25)	(25)	(25)		
	<u>First-Year Students</u>						
337	Getting home too seldom...	8	16	7	6	37	21
	<u>Second-Year Students</u>						
337	Getting home too seldom...	10	10	7	4	31	12
	<u>Third-Year Students</u>						
337	Getting home too seldom...	6	9	7	3	25	10

Comment on the problems of Home and Family.-- In the area of Home and Family only one problem was checked by 20 per cent or more of the students in each group and that was "getting home too seldom." If a student comes from a home where people are well adjusted, it is natural and right that she should desire to go home, but it is possible that time and finances may not always permit this. Therefore each student should be given an opportunity to make substitutions which may in part compensate for this urge. This can be accomplished in part by the extra-professional program in charge of a competent person.

Critical items.-- Tables 16 to 28 also reveal the items in first, second, and third-year groups that were of most concern to 20 per cent and over of the students. The most critical

problem among the students on the first and second levels was that of "not getting enough outdoor air and sunshine," and on the third level was that of "off-duty time not scheduled so one can plan for it." It is important for administrators to know the problems that students consider most urgent, if they are to establish a counselling service that will be of the greatest immediate help in nursing schools. As it already has been pointed out in Chapter III, the figures reporting the problems circled, although fewer in number as compared with those problems underscored, may be of even greater significance. Therefore, they merit special consideration.

3. Implications of Findings for School Counselling and Administration

Extent of items.-- The data presented in Tables 16 to 28 indicate that the problems of students in all three levels are many and varied. From this classification one may also observe that many of the problems in each area are interwoven with problems in other areas, and while they may be separated for purposes of identification, they may not be separated for treatment.

Basis for planning personnel programs.-- Administrators who are planning organized counselling programs in schools of nursing may obtain valuable information from the facts

revealed by Tables 16 to 28. An analysis of these tables show what problems in a given area may be treated by the group method or on an individual basis. For example, examining the problems listed under the area of Personal-Psychological Relations, such problems as "moodiness, having the 'blues'," "nervousness," "daydreaming," and "lacking self-confidence" are underscored and circled. It should be recognized that there is no one procedure to follow in overcoming these difficulties because of individual differences, and treatment which may be effective with one person might be detrimental to the mental health of another person. Hence, provision should be made for treating these problems on an individual basis.

On the other hand, when a study is made of the problems listed in the area of Adjustment to School of Nursing, such problems as "worrying about examinations," "don't know how to study effectively," and "unable to concentrate well" are found. Through a group approach, a good deal of help could be given to these students, since there are basic principles which must be followed by individuals who would overcome these difficulties.

After a careful study of the items listed in the various areas, administrators have more insight into how much time should be given to the problems which are to be treated by group guidance. How much time will be needed to help students

who need individual treatment is difficult to determine. But it is essential that these students be given assistance to a point where they have an understanding of their own situation and are able to solve their own problems. This would indicate the services of counselors, psychologists, and psychiatrists.

Finally, these tables help administrators to combine problems into effective units for classroom procedures. For instance, all students checked the most items under the area of Social and Recreational Activities which involve problems related to "too little time" or "too little chance." A unit on "Budgeting Time" would include most of the items under this area, and items from the area of Health and Physical Development as "not enough sleep" and "not getting enough outdoor air and sunshine," and the item from the area of Adjustment to School of Nursing, "can't get lessons in the time I have for study," should also be included if all the problems connected with the failure to budget time are to be treated in one unit. More emphasis should be placed on integrating guidance principles in such courses as mental and personal hygiene, psychology and professional adjustments by the various instructors, and a great deal more time should be spent on "orientation" in all its aspects.

CHAPTER VII

THE REACTIONS OF THE STUDENTS TO THE SUMMARIZING QUESTIONS OF THE PROBLEM CHECK LIST

1. Analysis of the Summarizing Questions

Scope of the chapter.-- This chapter presents an analysis of the "Summarizing Questions" found at the end of the Morison Problem Check List. An over-all picture is obtained from the answers of the students as to whether they enjoyed the check list; if they thought it was worth-while; and whether it provided them with a chance to present a well-rounded picture of their problems.

Through an analysis of the students' reactions to these questions, an opportunity is provided for directors of schools of nursing to observe a certain degree of success in the use of this kind of check list as a procedure for locating students' problems and for organizing these problems to determine the guidance needs of students and possible needs for administrative and curricular readjustments.

Administration of the check list.-- At the time when the students were filling out the check list a fine spirit of co-operation and a good deal of enthusiasm among the groups in the four schools of nursing was observed by the author.

Several individuals stopped to voice their reactions as they turned in their papers. A few students appeared a little bored and disinterested, but on the whole a high degree of interest was maintained in each situation. This can be readily seen from the data collected from the study.

Replies to the five summarizing questions on the check list, with a sampling of the written summaries and reactions of the students, follow:

Question 1.-- "Do you feel that the items you have marked on the list give a well-rounded picture of your problems?"

This question was answered in the affirmative by nearly 98 per cent of the whole group. The first-year students were 100 per cent "yes," the second-year 95 per cent, and the third-year 98 per cent. The question did not call for an explanation of this opinion.

The negative response to the question was less than 3 per cent of the whole group. None of the first-year students answered "no," but second-year students were 5 per cent and third-year students 2 per cent. Less than half of this 7 per cent group suggested additional items which proved to be irrelevant.

The writer was asked by the author of the check list to submit any suggestions that might make for improvement of the items. The following items and changes were suggested for inclusion in the check list:

1. Difficulty in choosing my electives.
2. No provisions made for smoking in home or students' rooms.
3. No provision made for lunching between meals.
4. Library atmosphere not conducive to study (space, lighting, tables, chairs, etc.).
5. Fear of beginning ward practice.
6. Fear of going on an affiliation.
7. Fear of those on a higher professional level.
8. Fear of going to a new department.
9. Girl friend attachment.
10. Not enough opportunity to really get acquainted with the faculty.
11. Needing money for glasses and dental care.
12. The addition of the word "some" in items such as
 - a. Instructors lacking personality.
 - b. Supervisors expecting too much of us.
 - c. Having difficulty in following doctors' orders.

These suggested items were graciously acknowledged by Miss Morison.

In Question 2, the students were asked to write a brief summary of their chief problems. Over 96 per cent of the whole group expressed themselves by way of a summary, and 49 per cent of these were fifty words or more in length.

Some of these summaries were concerned with particular items in the check list which the students had underscored and sometimes circled, while others were an attempt to give an over-all picture of problems and situations from the students' point of view.

A number of these summaries have been selected more or less at random, to illustrate the degree of self-sufficiency with which these students express themselves in each of the three levels. They are quoted as follows:

First-Year Students

1. I think that I am too shy and haven't got a well-pleasing personality. Used to having my own pay envelope every week, now I don't ever seem to have any money. I seem to worry about all the examinations and never seem to have time to finish my studies. So much is expected that we should do, but I don't see where we are supposed to find the time to do it. All the subjects seem to be coming at once. I can't seem to remember all the professional words we are to know, some are so complicated. I get nervous when people watch over me, for no reason at all, because they all are very nice. I had a chance to get married before coming in training and now I am beginning to wonder if I did right by coming in.
2. a. The feeling of "inadequate knowledge and adaptability" concerning nursing. This is wholly my own fault but I find it hard to study at night and really "digging into" the subject material. For these reasons I feel a lack of enthusiasm and interest in my work and constantly thinking that if I could start in training again, I'd get more out of it.
- b. Lack of religious worship. The way the hours are worked out on wards, time to attend church is practically impossible. I think religion is vitally important and I do believe some arrangement should be made so that students could attend church at least twice a month.
- c. Feeling ill at ease at social functions and not having any fun at school affairs. I'm not a good conversationalist and that perhaps is the main reason.
- d. Continually having a "tired feeling." May be vitamin tablets would help. I dislike the hospital food.
3. I don't get out as often as I would like to. I live near enough, but I worry about getting my work done. I worry about examinations, I forget things--guess I am just a careless character. I am afraid of failure in School of Nursing (especially today because I haven't had a good day) this is an unusual state

however. I want to be a good nurse but every day I learn of so many things that I don't know, I worry.

4. The time off is not decided in time for me to make plans to go out. Usually I am told about my day off when I'm going off duty the night before. Also some-time nursing assignments are unfair. Two students are given the same amount of time to complete assignments which are different in nature and the head-nurse expects both to finish at the same time.
5. My chief problem consists mostly of being exhausted most of the time and then having to come off duty at least an hour late and sitting down to study. Usually I manage to fall asleep. Then too I find I am usually assigned to so much work, that I work from nine to ten hours a day. I also would like to get home more often and attend church service. If there is any program on during the week, I am never able to attend it as I used to. I miss seeing all my friends at church. Then too the head-nurses, perhaps because they are over-tired are usually irritable. They seem to overlook all the good you do and find fault with unimportant incidents.
6. I think the list has pointed out my problems quite definitely. I have often been troubled by the fact that I belong to a minority religious group, though the majority of the girls here have been very fair and easy to get along with. A few have made unfair remarks on a few occasions. The classes seem to come all at once and I never know which to study for first and which are the most important. Sometimes I find the subjects boring and feel that it is irrelevant as far as my nurses training is concerned. The time I must spend on these mean that I have less time to spend on the more important subjects.
7. My chief problem is afraid of becoming jealous and selfish. Also of worrying if I'm going to succeed in nursing and if I will be a good nurse; of worrying about my family and the financial status, as my brother is in the service, my father is dead, my sister sick and no one working; wondering if my brother will safely return. Would like to stop daydreaming as I know it won't get me any good results. And getting along with others and having them like me.

8. I am too friendly, people think I'm bold; but I only want people to like me. I have a feeling of inferiority, due to overweight, which I hide by acting superior. I am always getting into trouble through no outward fault of my own, just unthinking. I come from a poor family and I never had what any child should have while growing up. I have an invalid father who is getting more irritable as the years roll by and who is always complaining about his misfortune in life (being poor). He lost a big business during the depression. Parents want to do what's right by us, but they can't due to financial difficulties.
9. One of my chief problems is not seeing the purpose of organized religion. Before entering training I attended church every Sunday perhaps because my mother was there to get me to. But since then I do not always attend church on Sundays. My belief is as firm as ever but it has changed from strict observance of religious codes to a laxity which I know hurts my mother. The problem of no real friends also is to me a pressing one. I have friends in the school, but no real friend who would be a confidant or to whom I could go when in real trouble. I have always had good friends before who had the same interests as myself and therefore cannot understand my inability to make friends here.
10.
 - a. Keeping myself in good healthy condition. Never really relax off duty or at home. Always thinking of what I should do or need to do.
 - b. At times get so confused and tired cannot assimilate some subjects.
 - c. Acquiring self-confidence is so essential for me in order to work on the wards.
 - d. Need to develop some manner or method to keep from getting so easily discouraged or disturbed if things seem to go wrong all day long.
11. I would prefer to be educated also along other lines besides nursing, such as Art, Music, Literature, etc. I believe outside classes (voluntary) would indeed help us to be interesting to outsiders and not be just able to talk shop.

12. I would like to have more courage to speak up in class and not be afraid I might be wrong. I would like to have more time to enjoy things as music which you can't hear over the radio. I dislike being so careless in small details on the wards. I need and would like to go to church more often.
13. My chief problem is the feeling of unhappiness, loneliness and nervousness that seems to be with me constantly. Especially, since I never had them before I entered training. I've a constant fear of doing things wrong and being called down for it and I seem to have lost any self-confidence I ever had in myself. Also, I'm so tired after and between duty that I have no ambition to go any place or do anything that I normally would have done before I entered training.
14. The food served here is very uninviting--nothing like home cooking. Citrous fruit is never offered. Cake, except now and then, is rare. Organization of class groups, with officers to act as intermediators between faculty and students, is urged. More religious services. Individual instructions by head nurse to "green students" as to medications and type of patient to be handled. They expect too much of newly capped "probes."
15. I find the conditions under which we study very difficult, there is too much confusion. I don't think that I get enough outside activities and sports in my every day schedule. The food could be more appetizingly presented.

I would like to become a surgical nurse but I do not know whether I am fitted for this or not. I am very concerned with joining the military service. I want to get higher marks so that I can be in the upper fourth of the class instead of the upper half. I think I will have a better chance of advancement if I do so. I want to get over the feeling of hurting a patient when giving a drug or a needle.

Second-Year Students

1. Nursing on the whole is pleasant enough. Many more students would remain in training if their social lives were more liberal. Taking away overnights, restricting privileges for minor mistakes in behavior

is often very discouraging. Late for prayers, tardy for class on a few occasions, etc. are considered minor in my estimation. Nursing is hard enough without being so restricted after working hours. If instructors and directors put more faith in their nurses and their behavior, life would be much more pleasant and there would be more cooperation among the majority of girls.

2. My ideals are too high. I want to continue my education after my graduation, but there are too many obstacles in the way. I also miss my family and the close relationship I have always had with my mother. Most of my problems are due to a financial strain on my family. However, I feel that this difficulty should not prevent me from finishing my training. My marital problems are not too prominent at the moment.
3. My problems deal mostly with my home. We have had an operation and my mother has lost the use of her right arm due to an accident. It has cost them money and I don't seem to do too well on my allowance. I'm an only child and have almost had to choose between my home life and hospital. I want very much to be an R.N. and will certainly remain in school, as my mother and father both want this. Although I do feel guilty at times, seeing as I could be helping more at home.
4. My chief problems have been the continual adjustment that has taken place during the past months in training, trying to cope with new courses, new supervisors, new departments. I find it very difficult to maintain a feeling of worth-whileness and usefulness with continual criticism and very little encouragement. It has also been very difficult to find anyone that I can go to and really discuss my problems; although all of our faculty members are only too willing to do so, I have never established enough confidence to do this. As I have somewhat of an unfortunate family situation, it often times interferes with my hospital work very noticeably.
5. Like my profession very much. Hate to see anything done that cheapens or degrades it in any manner. I work long hours and have many classes so that I feel I do not do justice to my classwork. I tend to fits of moodiness but am gradually overcoming that, and also overcoming the bad habit of "gripping." Am trying

to cultivate a more pleasing personality. It seems a long time until training is over, but I should be making plans for the future. Am in love with a young man whose family objects to me.

6. My chief problem is that of most girls at this confused time of war. People are not interested in young women's social recreation. All the conveniences, all the fun and amusement are in the USO clubs which are exclusively for servicemen and women (which they aptly deserve). But why forget us? We need social life and contact with the opposite sex more than people realize. If there were ways and means of meeting men respectably, there would be less of delinquency and more happiness among our young females.
7. I am shy and slow in getting acquainted with people. I always seem to be short of funds and cannot hold on to money. Worry about overweight but like to eat too much to diet. Miss dates and social life because friends are in the service. Wonder constantly if I will ever marry and afraid of being an old maid.
8. Being a country girl who has enjoyed friends, hobbies and plenty of sunshine and fresh air, I feel that this is being lacked here. Especially a place for entertaining outside friends. Some people forget too quickly that they, too, were students once, and expect work to be as well done as they would do it, and they might have been in the same department for ten years or so.
9. Lack of sufficient time off and the compulsion of being in at 10.00 P.M. bother me most because I feel as though I am becoming a one sided individual, with hospital and talking shop. These are the things I usually think about. Nurses who are learning about health, and who should be grasping some idea of how to care for their own health, ought to be able to go out for an evening at least once or twice every week when they choose to. I don't believe they would "burn the candle at both ends." College and other students who are not specializing in the field of nursing are given the right to decide when to come in at night--students of nursing should also.
10. My chief problem is finding myself dissatisfied too often, not about nursing itself, but the surroundings and also the people. We never have enough time to

really enjoy ourselves. On certain departments I can't work at ease, because of the supervisors watching over you constantly and embarrassing me in front of patients. I also find my personal life very mixed up, I am too fickle and can't seem to decide upon whom I really care for. Some of the students act very childish and therefore our class has a bad reputation. I find it hard to be nice to them and not sarcastic. The food, working hours and free time is much too poor for young people our age.

11. I feel that we have too few social activities in our School of Nursing especially during these times when it is harder for us to go on dates and also when our time is so limited. I think that at this time, more than ever, we have to work harder so that more relaxation should be given. Perhaps the supervisors have a lot on their minds but they should realize that the students should be given some consideration. Another thing, I really believe that the food could be a little more appetizing. The quality of it may be all right, but so much wouldn't be wasted if it was prepared in a different manner.
12. I have always lacked self-confidence and aim towards overcoming it. Not being able to attend Mass on Sunday continuously leaves me with a guilty conscience. Because of lack of self-confidence people have difficulty in understanding me and take my attitude wrong. Unable to forget an incident and pass it over as trivial. Would like to have more recreational opportunities at hospital.
13. From what I have checked financial matters seem to be one of my basic problems. I really don't think along that line all the time but at the moment a new spring outfit is on my mind and I'm "broke." One of the main problems is the time schedule. We definitely cannot make any plans. I have been wanting to go to the dentist for months and cannot make an appointment because something always "pops" up. Some of the House Mothers are too intent on our personal problems.
14. I have found it is much more difficult to work with and get along with some girls than I realized. They either do not have high ideals or just don't care. However, I don't feel as though I have any serious problems. I find as time goes on that so many things that really bothered me during the first four months

bother me no longer. I imagine I get more or less used to some things and train myself to overlook them. One finds all types of girls in any group and it is good for any girl to live with a large group of girls and pick out your friends and watch out for others.

15. I think the chief problems of nurses is choosing just which social group they belong in. Frequently they have just enough education to take them from their former friends. Girl friends can be chosen from other nurses but I think the problem of who to marry is quite self-evident, as there are few men working in fields which are the social and educational equal of the nursing field--and no one wants to marry someone inferior or too superior.

Another problem is that we are left very much on our own here in the hospital--from 11.00 P.M. to 7.00 A.M.--with forty people to care for, and yet we are not trusted out of the nurse's home after 11.30 P.M. on our one late leave a week. It seems logical that if a girl is mature enough to be trusted with so many people, she could be trusted more outside the hospital.

Third-Year Students

1. My chief problem: Choice of continuing training or marrying. My purpose in going through with nursing is not clear and I do need help and encouragement to continue in nursing. I do have a financial problem--that of going through training with too little money since I receive no help from home. My home life is unhappy. I am anxious to marry my fiancée when he comes home on furlough, since I know I am in love but I don't really know whether I want to leave training or not, since I have gone so far toward graduation. I am also confused in religious beliefs.
2. I feel that nursing and nurses are too limited. Art, poetry, and beauty seem to be completely dwelling in oblivion. Some nurses lack feeling or understanding or perhaps they have dull minds. The subject dealing with art in its many forms is seldom discussed and then only with obvious distaste. That is a problem but I feel I will never see it solved.

There is a marked lack of understanding between the commanding officers and the students. Always there exists that subtle line which indicated that you are a member of the Training School Office and we are students. We should have better rapport between students and members of the nursing staff. We shouldn't look upon them as something to be avoided or people that force us to assume a synthetic personality before entering their presence. But we do!

Another problem is that student nurses have too little physical activity. If they are noisy because they are young immediately someone tells them to be quiet or something to that effect. I wonder if they realize the effect it has upon the morale of a student. Oftentime this is her only fun and psychologically it is a necessary outlet both physically and mentally.

Student nurses are surrounded by the most fascinating subjects in existence but somehow they only sound and do not seem to be so captivating. Is it the teacher or the students?

Nursing schools are way behind colleges in their ideas. The older members of the staff aren't in tune with modern thought and it's very confusing to the student. We live in one generation and are governed by ideas of the past generations. Let's be progressive!!!!

3. Professionally--the lack of dealing with the individual as a whole being with problems as well as diseases and with emotions irritated by disease and the lack of time to deal with the problems of the patient.

Environmentally--the lack of "oneness" in group living. Too many set rules to provide the home environment necessary to stabilize our emotions put to strain by the work of the day. Rules involving the recreational facilities, the time of return to the home, lights out, etc.

Personally--too great a dependence on my family which although it does not burden them, annoys me because of my failure in self-support and maintenance and inability to provide for my own future education. Inability to decide the value of giving it up and

marriage, making a success of the marriage or giving it up and continuing with the college education previously planned. Then how to let the war effect our schooling afterwards--to decide to do our share now and wait until after the war to think of our own desires and which field to follow.

4. Being an older student than most I find that actually I have very little in common with students eight-nineteen years my junior. I get along all right but many times their childishness gets the better of me. I find myself seeking people more my own age and those I find outside and they have no interest in nursing. I feel there should be a place or room with a radio, comfortable chairs, smoking allowed, where students could drop in and become acquainted more with one another--this is a large school and one only sees more than one or two people for any length of time to be good friends. There doesn't seem to be time nor place to build friendships in--one seems to be swallowed up in the bigness of the place. I have a position waiting for me, I have plenty of money but seem to lack the time and energy to keep close friends for long.
5. Off duty time not scheduled so one can plan for it. This has always been a problem. We are fortunate in having a weekly time slip with our time made out the end of each week. This is worthless to the student as from hour to hour we can't plan on this time. Nor, can we plan any outside social life because all too often you have to call a friend and break an engagement. Finally you learn to live for the moment and plan the last second. I realize it is not always possible to have our daily time but if we could plan on our long day not being changed, it would give us at least one day a week to call our own.
6. a. I don't think enough emphasis was placed on outlining and note-taking in high school, so that now I am lost when it comes to taking lectures in outline form.
- b. I am one of those people who hates to go to bed and as a result suffer for it at the end of the week.
- c. I would like more chance for sports, such as tennis and swimming. I don't believe I've done those things more than five times excluding vacation since coming in training.

7. The first problem is deciding definitely what I want to do for the rest of my life. I have the desire to go through medical school but I can't make up my mind whether or not all the time it takes would be worth it, whether or not I would be suited to it and also whether I would be able to manage it financially. I believe that I would really like to become a doctor. That is the major problem. The minor problem is a very common one--loving someone who is on a higher social level than I. I say that this is the minor one because I realize that many people have been in love and have never married that person.
8. I believe that if a girl is to leave home for the purpose of acquiring a profession she needs more than just the acceptance into the school of nursing. If we are to live away from home I think the food, housing conditions and associates should be satisfactory. Our supervisors especially should understand the students. Without that I don't believe a student will be proud of her hospital or satisfied with it.

With the present war taking place, many of the students have boy friends who are fighting. This, I believe, causes a strain on the individual and so instructors realize this. Often a request is refused by the supervisor and I believe these frequent refusals will cause discontent among the student body.
9. My chief problem is getting along with people--liking them and having them like me. I feel that I may have a slight inferiority complex as far as this problem is concerned. I can be perfectly at ease with older people but cannot keep up with the conversations of people my own age. I have lived in the country on a farm all my life and find city "language" very different and slightly nonsensical and I cannot get used to this. I have dates with boys and have fun but still feel as if they are sorry they asked me to go out with them, because I cannot act and talk the way my friends do. However, if I acquired these new habits they would not be thought too well of at home. I believe this problem worries me most.
10. I believe that one should be able to take an overnight whenever it is possible. Frequently one wishes to do things at home but they can't complete it because they haven't time.

The meals are always the same, week in and week out--winter and summer and little or no fresh vegetables.

11. My chief problem seems to be my great dislike for having to depend on the family a great deal of the time for additional money. In order to get along with most students it is necessary to accompany them in various diversions which cost money. The constant necessity for planning the spending of money is not very pleasant. Another problem is my indecision for a future field in nursing. There are so many fields to choose from for one thing and yet the qualifications are so different. Examinations have always worried me, even though a lot of studying has been done in preparation, there always seems to be a fear.
12. My chief problem is that being a student from out of the state, I have no place to entertain my friends and so therefore I am the one who is usually the guest instead of the hostess at homes of my friends. In general the social life here at this hospital is very poor and as a result, a lot of my off duty time is spent around the hospital. Being in a big city, it is hard to meet people and more so when you are an outsider; if my home was here I would have my own friends. I think we should have more get-togethers in the form of a dance, tea, etc., where in the proper way we could meet new people both male and female--our future friends.
13. My family have always been poor and we have never had many of the things, such as nice clothes and spending money, that we wanted.

I have no self-confidence, thus I am not satisfied with myself on duty, in a crowd, or in front of the mirror. I have never been exceptionally brilliant. My work is usually passable but I have failed two or three finals since I have come in training. Not being one of the highest in the class makes me wonder if I can finish and pass state boards and if I will ever be an R.N.
14. As I am older than the average student, I should say my chief problem exists as a result of having once been very independent in my actions and, also, having been in most favorable financial circumstances. Then, on entering training, I had to learn to bow to discipline and also to take up the study of subjects most of which had never interested me. Most of the family problems are recent and will not be adjusted for some time to come but are of great concern to me,

perhaps because I am the oldest and have always played a part of "second mother" to the other members of the family.

15. I feel very self-conscious about being overweight, but because of the food given to us which is so high in carbohydrate content, I have been able to lose very little.

The schools offer too little supervised recreation, such as going to concerts, hay rides, dances, etc. as an organized group. Our life is rather confined with little chances of making new friends, except with our contacts with the patients.

The foregoing summaries quoted represent 15 per cent of the total group of students. It is significant to note that 10 per cent or two-thirds of these suggest problems in the area of Courtship, Sex and Marriage which holds eleventh place in the rank order; 7 per cent or nearly half are concerned with problems in the area of Morals and Religion which holds twelfth place in the rank order; and 7 per cent or nearly half tell of problems in the area of Home and Family, which ranks thirteenth place or least, reported in all the areas of the check list.

Problems of such serious nature in these very critical fields would no doubt reflect in the all-around adjustment and wholesome growth of these students in the schools of nursing.

Questions 3 and 4.-- Do students like the Check List?

Over 94 per cent say they enjoyed filling out the list and think it is worth while doing. In the first-year group

there were 93 per cent who answered "yes," in the second-year group 96 per cent, and in the third-year group 93.5 per cent.

Nearly 78 per cent of the whole group attempted to explain why they reacted favorably to the Check List. The reasons given for such reactions are illustrated by the following quotations:

First-Year Students

1. It's nice to be able to voice opinions outright.
2. Filling this out has given me the type of reaction that I would receive if I were to give out with all my sentiments on the subject in person.
3. We students may have a great many problems which require a minor readjustment; they may not be recognized by our superiors. This test, I hope, will cast the light on some of the most common problems.
4. I think it will improve our living.
5. I feel as though someone was taking an interest in me.
6. I think I feel better after answering these questions, because I've never really wanted to go into thought about some of them. It shows me how much I really am getting out of life, and gives me an accurate list of things I should think out in daily life. I am more at ease to see that most of my main problems were listed here as other students' also.
7. It brings to light, problems I have been thinking of in the back of my mind, but haven't brought out in the open.
8. Some girls have quite a time adjusting themselves and I should think it would help knowing their problems in order to cope with them, or perhaps arrange things in the beginning to make it a little easier.
9. I would never be able to tell anyone outright how I feel. It seems good to be able to express myself even this way.

10. Even from the little history of nursing I've had, it was evident how much this profession has grown. To want to help a nurse understand herself better and her work, would do a great deal for the progress of nursing. It would be a privilege to be of any assistance, if possible.
11. It has given me a chance to think over what things have been troubling me and to get a better understanding of what is most important and what seems least important.
12. Filling out the list has made me give a little thought to the different things bothering me and made me see that if I can overcome some of these problems, that many of the others will seem unimportant and be automatically overcome.
13. It gives me a chance to express my problems with the hope that some day these problems will be solved for future students. Then too, I'm glad that I can freely express my opinions without having to sign my name.
14. It has helped me to analyze my problems without feeling sorry for myself.
15. Hope that this will help to curb the nursing problems in the future. Has helped me to more closely observe myself as others see me.
16. I think it is thoughtful that someone would take the time to help student nurses out.
17. I feel that it will aid the Nursing School to obtain the ideas and opinions of all students.
18. It shows that an interest is present in the problems of student nurses, although we may think no one knows about them.
19. If our problems are discovered and discussed, it may possibly do something towards getting rid of them.
20. Its a relief to know others have had the same problems I have.

Second-Year Students

1. It may sooner or later result in the abolishment of the sources of some of our nursing problems.

2. I think this list, just by reading through it, shows the many problems which confront girls of my own age group, who are doing the same type of work I am doing. It points out many problems which would seem very insignificant to me, but would probably cause them to leave training or make it difficult for them to see it through to the end.
3. These problems express very well the problems of student nurses. Not one thing has been overlooked.
4. I think its worth while because many of the schools of nursing have not advanced with the times and I feel that if one gets a clear picture of the problems of the students, it would tend to make better and more contented nurses.
5. Grateful for assistance and interest of others.
6. Pleased to find someone interested in our problems for a change. Most people think we are machines instead of people with equal wants, dislikes and problems.
7. I'm glad to have someone who is interested, really interested in our problems. People are too ready to tell you what hardships they went through when they were students, instead of trying to understand your problems.
8. I think this survey is very worth while. It is a cross-section of many students' viewpoints, hopes and ideals. I think it gives a clear picture of the problems of student nurses and I hope it will all come to a good end.
9. It may help students later who come in training, by perhaps having group discussions or something to help the girls with outstanding problems.
10. At first I believed it was no one's business, but as I wrote on I enjoyed it and it helped me to see myself better.
11. It has given me an opportunity to see my worries in writing. Made me realize them more and also realize perhaps I can do something about them. It has more or less brought my thoughts out in the open.
12. It has made me realize that my problems are comparatively few and not nearly as overwhelming as I had thought.

13. It's about time something along this line has been started.
14. Because nursing directors are in too high a position to see the point of the students. Most directors or leaders in nursing particularly, are apt to be a little narrow minded. Many supervisors in nursing have been approached by students with problems, and either dislike criticism from students or the problems, so fail to give them any consideration.
15. I think it is an excellent idea, the reaction I got was relief that someone was working on the problems of students. Schools of nursing need some revision of the curriculum.
16. It helps to be able to tell your problems to someone who is taking an impersonal viewpoint.
17. I feel a bit relieved to think this may help overcome some problems and flaws of Schools of Nursing.
18. It gives you a feeling of having told someone everything that bothers you in a short summarized way.
19. It may help to bring about a change that will give students a more balanced life--time for adequate types of recreation, study, hobbies, as well as their work on the wards.
20. It would be very good to have an interested person to discuss such problems with and to have an idea of how I look as others see me--as a nurse, and as a person.

Third-Year Students

1. I think that a better understanding between students and higher officers should be reached.
2. I think this was worth while if something comes of it. I hope it isn't just a waste of time and nothing to gain from it.
3. If it will help to make the lives of future student nurses happier and better in general, it has been very worth while.
4. Gives nurses some chance for letting out their true feelings on nursing in general and their own private lives.

It is a great pleasure to meet you here.

I am very glad to hear that you are well and hope that you will continue to be so for many years to come.

I am sure that you will find this letter of interest.

I am sure that you will find this letter of interest.

I am sure that you will find this letter of interest.

I am sure that you will find this letter of interest.

I am sure that you will find this letter of interest.

I am sure that you will find this letter of interest.

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I am sure that you will find this letter of interest.

I am sure that you will find this letter of interest.

I am sure that you will find this letter of interest.

5. I feel it's a grand idea finding out the problems of student nurses.
6. I don't know how worth while this will prove to be for your survey, but it has helped to clear up in my own mind what my problems really are. I really thought that I was in quite a jumble of cobwebs but this really has helped to straighten me out.
7. Seeing some of my problems down in black and white was something of a shock. It made me realize, also, that many of my problems of pre-clinical days have been overcome.
8. I certainly believe that there is a growing need for guidance directors in every School of Nursing, just as they have them in all advanced colleges today, and if this is a step toward that objective, I am certainly grateful to be a small help in accomplishing this end.
9. Because too many people are too indifferent to our problems and when this survey is completed maybe something can be done to help the students and their problems.
10. Although I've realized that the problem of my religious life has been a big one, I never realized that it was my major trouble--that is, I had not realized it before checking this list.
11. Made me realize how many problems other people might have and made me realize how few mine are.
12. I think this sort of work and survey should continue, because there are many problems yet to overcome in nursing, and this is one of the best ways to find out.
13. Many individuals are affected by the same problems and nobody seems to be doing one single thing to remedy certain situations.
14. By filling out this form I realize some of the problems that I have, and will try to overcome them.
15. This gives me a chance to sort of analyze myself. It points out very clearly what my problems really are. In other words it helps bring my troubles out in the open.
16. It may help instructors and supervisors to understand

1. The first thing I noticed when I stepped out of the plane was the fresh air. It felt like a breath of new life after being cooped up in a small, cramped space for hours. The sun was shining brightly, and the birds were chirping happily. It was a beautiful sight, and I felt a sense of freedom that I had never experienced before.

2. As I walked along the path, I noticed a small stream flowing gently. The water was crystal clear, and I could see the rocks at the bottom. I stopped for a moment to drink some water, and it tasted so good. I had never tasted water so fresh before.

3. The path led me to a small clearing where a group of people were gathered. They were all looking at something on the ground, and I joined them. It was a small, round object, and I picked it up. It was a piece of wood, and I had never seen one like this before.

4. I held the piece of wood in my hand, and I felt a strange sensation. It was like I had found a treasure. I looked at the people around me, and they were all looking at me with interest. I didn't know what to do, but I decided to keep the piece of wood.

5. I walked back to the plane, and I put the piece of wood in my pocket. I felt a sense of accomplishment, and I knew that I had found something special. I was going to keep it forever, and I was going to show it to everyone I knew.

6. The plane took off, and I looked out the window. The landscape was beautiful, and I felt a sense of peace. I had found something that I had never found before, and I was going to keep it forever. I was going to show it to everyone I knew, and I was going to be happy.

7. I was going to keep the piece of wood forever, and I was going to show it to everyone I knew. I was going to be happy, and I was going to be proud. I was going to be the person who found the piece of wood, and I was going to be the person who kept it.

8. I was going to keep the piece of wood forever, and I was going to show it to everyone I knew. I was going to be happy, and I was going to be proud. I was going to be the person who found the piece of wood, and I was going to be the person who kept it. I was going to be the person who found the piece of wood, and I was going to be the person who kept it.

9. I was going to keep the piece of wood forever, and I was going to show it to everyone I knew. I was going to be happy, and I was going to be proud. I was going to be the person who found the piece of wood, and I was going to be the person who kept it.

what the problems of students are and thus help the students to solve them.

17. It will be very interesting to know what and how many problems the students have in common and what their chief worries are.
18. This list has put into words many problems which I have been feeling, but unable to put into words myself. It has made my problems clearer in my mind.
19. It seems as though all the problems that have troubled me during my training are listed here, so they must be problems of other student nurses in training. In this way it might be a way of finding a solution to the problems, if you know what they are.
20. I hope that when the survey is finally completed, it will help the future students; providing the Schools of Nursing make such revisions as the survey proves necessary.

There were less than 6 per cent of the 300 students who said that they did not enjoy filling out the Check List nor did they think that it was worth while. In the first-year group there were 6.5 per cent, who answered in the negative, in the second-year group 3 per cent, and in the third-year group $6\frac{1}{2}$ per cent.

The following kinds of reasons were given for their disapproving reactions:

First-Year Students

1. It may be worth while, yet some of the questions seem pretty personal. We do have quarrels at home, but I certainly wouldn't want any stranger going to my home to find out what they are about and trying to cure them.
2. I don't think it was worth while, because I doubt it will ever change.
3. The School of Nursing has its routine and a certain

schedule to follow and could not be expected to change for the various student problems.

4. It has been worth while if it will help others to help us, but I don't think it has helped me any to-day.

Second-Year Students

1. I consider my problems my own personal affair and if I wanted to bring them up to someone I would bring them to my instructors or my folks at home.
2. I really don't think anything will be done about it, or if there was it would be doing us no good, due to the length of time in organizing any change.
3. No matter how truthful you want to be, your inner self sometimes prohibits you from putting down what you intend to. The questions are so general in a sense; the best way to get an answer would be to talk personally with the student.

Third-Year Students

1. Undoubtedly more valuable for statistical data in research than practical usage.
2. I can not see how this form can be of value or have any bearing on the subject.
3. I don't see how it will help students by listing their problems. Many of these problems are brought about by the individual's make-up or character, which can't necessarily be changed.
4. My reason for not enjoying filling out the list is that I find my problems are of a personal nature and do not directly pertain to nursing. As for my nursing education, I am well satisfied with my school, instructors and supervisors.

Less than 1 per cent of the whole group did not give a reason for their negative reactions to the Check List.

Question 5.-- Do students want help with their problems?

When asked if whether they would like to discuss any of

their problems with someone on the Nursing School faculty, 50 per cent of the whole group answered "yes" and 50 per cent answered "no." The distribution of percentages in all three groups was equal.

When further questioned if they knew the particular person(s) with whom they would like to discuss their problems, over 26 per cent said "yes" and less than 4 per cent answered "no"--they did not know whom they wished to see. In the affirmative there were 32 per cent in the first year, 27 per cent in the second year, and 21 per cent in the third-year group.

Those who stated that they did know whom they wished to see were asked to list the names of those persons: 19 per cent responded to this request, giving names.

It should be noted that one-half of the whole group of students would like to have someone on the nursing faculty to discuss their problems with, but only a little over a quarter of the whole group knew to whom they might go to discuss their specific concerns.

The foregoing data, covering the reactions of the students to the summarizing questions contained on the Check List, supports the following conclusions:

- a. In the opinion of the students the Check List does give a well-rounded picture of their problems.
- b. The Check List motivated the students to express

themselves by way of a summary statement of their problems.

c. Students like the Check List and think it is worth while.

d. One hundred and fifty students or half of the group would like to talk over their problems with someone on the faculty of the Nursing School.

e. Only a little over a quarter of the whole group know of specific individuals with whom they would like to have conferences.

On the whole students are grateful for the opportunity of self-expression and there is a definite felt need among the three groups for an organized counselling service in nursing schools.

CHAPTER VIII

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

1. Summary

A summary of the findings of this survey uncovers a number of facts.

The 300 students participating in this study underscored a total of 11,654 problems, 3373 of which were circled. The average number of problems checked per pupil was 38.8 and the range ran from 2 to 119.

A total of 1464 problems were checked in the area of Social and Recreational Activities, and this was first in rank order for all three years. In the area of Home and Family a total of 430 problems were reported and this was last in rank order for all three groups, indicating the students were least concerned with or perhaps least inclined to report problems in this area.

The most critical problem among first and second-year students was "not getting enough outdoor air and sunshine" from the area of Health and Physical Development, and this was checked by 27.5 per cent of the group. In the third-year group the most critical problem was "off duty time not scheduled so one can plan for it," checked by 22 per cent,

in the area of Adjustments to Administration of Nursing Care.

In their replies to the summarizing questions, the students indicated that the Check List gave a well-rounded picture of their problems; they enjoyed filling it out and thought it worth while because it gave them an opportunity for self-expression and insight into their problems.

One hundred and fifty students or 50 per cent of the group would like an opportunity to discuss their problems with the faculty, but only 26 per cent indicated they knew with whom they would like to talk over these problems.

The brief summaries written by the students indicated that they had considerable insight into their own difficulties and recognized the need for a counselling service.

2. Conclusions and Recommendations

The above findings suggest the following conclusions and recommendations for the study:

1. There is definite willingness on the part of student nurses to cooperate with administrators in their attempt to organize a better counselling service.

2. Only students themselves can furnish the information on the nature and importance of their problems.

3. Administrators can be assisted, through a knowledge of the students' problems, in determining the extent of assistance student nurses need and the kind of program which should be established in order that students can make the

right kind of adjustment to their problems.

4. Schools of nursing need to examine their present objectives and if necessary revise them to make provisions for adequate guidance service, which properly is related to the educational function of the school.

5. There is a definite need in schools of nursing for a well-qualified personnel director on the faculty, to direct and coordinate the personnel program.

6. No program will function satisfactorily unless all the faculty and staff acquire a personnel point of view and feel a responsibility and a desire to participate actively in such a program. Therefore an attempt should be made to have on the teaching and nursing service staff individuals who are well prepared and who are able to inspire, motivate, and give needed assistance to students.

7. An inservice training program in guidance, based on the needs of the faculty should be initiated. Outside speakers from the guidance field could be brought in; faculty members should be encouraged to take courses in the field of guidance, and attend meetings or conferences on guidance whenever there is an opportunity; the library facilities could be increased to include suitable references covering all phases of guidance.

8. An analysis should be made to reveal what is in the existing program that is real guidance and how it might be

built upon; also to decide what some of the existing practices are that do not conform with democratic principles or help the students to self-realization, and decide upon ways and means of eliminating these undesirable aspects from the total program.

9. Specialized services of psychiatrists and psychologists should be made available in the program.

10. Administrators need to interpret the function of a well-rounded counselling service to those who have been responsible for setting up standards and policies of the school, such as boards of directors, superintendents of hospitals, and nursing school committees and to help them understand the need for such an organized program.

11. A counselling program should be set up that would consider and include some of the more essential phases of the counselling program including:

- a. the selection and admission of students
- b. the types of orientation programs employed
- c. the types of faculty-student cooperative government and relationships
- d. the methods used for discipline
- e. the religious program
- f. the mental and physical health program
- g. the social program, within and without the school
- h. the plan for educational and vocational guidance
- i. the facilities for housing
- j. the plan for financial assistance
- k. plan for giving the student individualized assistance.
- l. plans for placement or helping alumnae get positions
- m. keeping account of the students' progress through the use of records

- n. making plans for the study of the aims, activities and result of the personnel program through research and evaluation
- o. a standardized testing program.

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APPENDIX

PROBLEM CHECK LIST

FORM FOR SCHOOLS OF NURSING

(Adapted from Problem Check List:
College Form, by Ross L. Mooney)

By LUELLA J. MORISON

Please fill out these blanks:

Date of birth.....

Name of the School of Nursing.....

Class in School of Nursing.....
(Preclinical, Senior, etc.)

Name of the person to whom
you are to turn in this paper.....

Your name or other identification,
if desired.....

Date.....

DIRECTIONS FOR FILLING OUT THE CHECK LIST

This is not a test. It is a list of troublesome problems which often face students in schools of nursing—problems of health, social life, relations with people, studying, and the like. You are to go through the list, pick out the particular problems which are of concern to you, indicate those which are of most concern, and make a summary interpretation in your own words. More specifically, you are to take these three steps:

- (1) Read the list slowly, pause at each item, and if it suggests something which is troubling you, *underline* it, thus, "1. Tiring very easily." Go through the whole list, underlining the items which suggest troubles (difficulties, worries) of concern to you.
- (2) After completing the first step, look back over the items you have underlined and *circle the numbers* in front of the items which are of *most concern* to you, thus, "1. Tiring very easily."
- (3) After completing the first and second steps, answer the summarizing questions on pages 5 and 6.

1. Tiring very easily
2. Being underweight
3. Being overweight
4. Not enough sleep
5. Not enough suitable clothes to wear
6. Too little money for clothes
7. Having less spending money than others
8. Managing my finances poorly
9. Not enough time for recreation
10. Lacking a place to entertain friends
11. Wanting to learn how to entertain
12. Being ill at ease at social affairs
13. Shyness
14. Being slow in making friends
15. No real friends in the school of nursing
16. Feelings too easily hurt
17. Too self-centered
18. Taking things too seriously
19. Nervousness
20. Getting too excited
21. Not mixing well with opposite sex
22. Not enough time for dates
23. "Going steady"
24. Being in love with someone I can't marry
25. Being criticized by my parents
26. Mother
27. Father
28. Parents sacrificing too much for me
29. Belonging to a minority religious group
30. Belonging to a minority racial group
31. Affected by racial or religious prejudice
32. Bothered by the vulgarity of hospital talk
33. Feeling lost in school of nursing
34. Purpose in going through nursing not clear
35. Dislike of nursing
36. Being a nurse on insistence of family
37. Family opposing my professional choice
38. Needing encouragement to continue in nursing
39. Needing to know my professional abilities
40. Not knowing what kind of person I want to be
41. School too indifferent to student's problems
42. Dull classes
43. Director of Nurses lacks understanding of students
44. Instructors lacking personality
45. Annoyed by supervision
46. Can't seem to please some supervisors
47. Supervisors poor managers
48. Supervisors not trusting us enough
49. Failing to organize my work well
50. Unable to perform procedures effectively
51. Lacking the aptitude for procedures
52. Can't carry out nursing practice as taught in theory
53. Not getting enough exercise
54. Not getting enough outdoor air and sunshine
55. Threatened with a serious ailment
56. Afraid I may need an operation
57. Going in debt for nursing expenses
58. Missing previous regular salary
59. Going through nursing on too little money
60. Doubting that nursing is worth the financial sacrifices
61. Boring days off
62. Too little social life
63. Awkward in meeting people
64. Unskilled in conversation
65. Unpopular
66. Being made fun of
67. Being talked about
68. Feeling inferior
69. Moodiness, having the "blues"
70. Not having any fun
71. Failing to get ahead
72. Sometimes wishing I'd never been born
73. Too few dates
74. Uninterested in opposite sex
75. Embarrassed in discussions of sex
76. Wondering if I'll find a suitable mate
77. Parents separated or divorced
78. Death in the family
79. Father not living
80. Mother not living
81. Learning undesirable habits
82. Disillusioned in religious ideals
83. Confused in my religious beliefs
84. Confused on some moral questions
85. Unable to concentrate well
86. Weak in logical reasoning
87. Poor memory
88. Worrying about examinations
89. Needing to plan ahead for the future
90. Doubting the wisdom of future plans
91. Wanting to get out of school and on my own
92. Wondering if I'll be successful in life
93. Inadequate high school training
94. Nursing textbooks hard to understand
95. Too few books in the library
96. Instructors lacking grasp of subject matter
97. Supervisors don't understand our educational needs
98. Supervisors expecting too much of us
99. Supervisors too friendly
100. Dissatisfied in present department
101. Working too long hours
102. Off-duty time not scheduled so one can plan for it
103. Nursing care assignments unevenly distributed
104. Nursing care assignments not clear

105. id I may contract disease
106. posture
107. complexion
108. very attractive physically
109. ling money for education beyond nursing course
110. ing to watch every penny I spend
111. ily worried about finances
112. iking financial dependence on family
113. sing former social life
114. w in getting acquainted with people
115. thing interesting to do in spare time
116. t enjoy many things others enjoy
117. rting people's feelings
118. sing watched by other people
119. sing left out of things
120. eing criticized by others
121. ot doing anything well
122. oo easily discouraged
123. nhappy too much of the time
124. Worring about unimportant things
125. Disturbed by ideas of sexual acts
126. nsufficient knowledge about sex matters
127. Wondering if I'll ever get married
128. Afraid of losing the one I love
129. Friends not welcomed at home
130. Home life unhappy
131. Family quarrels
132. Feeling I don't really have a home
133. Missing spiritual elements in my present life
134. Wanting more chances for religious worship
135. Failing to go to church
136. Science conflicting with religion
137. Not fundamentally interested in books
138. Having too many subjects at one time
139. Getting low grades
140. Fear failure in school of nursing
141. Not physically fit to practice nursing
142. Dread leaving school and starting on my own
143. Wanting advice on steps after leaving school
144. Doubt ability to take part in professional organizations
145. Clases too large
146. Too few chances to express ideas or opinions
147. Instructors lacking interest in students
148. Having an unfair instructor
149. Faulty in following doctors' orders
150. Ease the doctors
151. guring out what the doctor wants
152. ; loyalty to the doctor
153. handle embarrassing situations
154. ant enough in bedside care
155. o cultivate a well modulated voice
156. ; hard to be dignified on duty
157. Being clumsy and awkward
158. Being too short
159. Being too tall
160. Having weak eyes
161. No regular source of income
162. Too little money for recreation
163. Having financial dependents
164. Too many financial problems
165. Unsure of social etiquette
166. Wanting to learn how to dance
167. Not knowing what to do on a date
168. Feeling my personal appearance is unsatisfactory
169. Being snubbed
170. Being called "high-hat"
171. Losing friends
172. Not getting along with other people
173. Daydreaming
174. Forgetting things
175. Afraid when left alone
176. Not taking things seriously enough
177. Going with a person my family won't accept
178. Being in love
179. Deciding whether I'm in love
180. Afraid of close contact with opposite sex
181. Heavy home responsibilities
182. Sickness in the family
183. Parents expecting too much of me
184. Too dependent on my family
185. Being forced to go to church
186. Failing to see relation of religion to life
187. Rejecting earlier religious beliefs
188. Doubting value of worship and prayer
189. Unable to express myself in words
190. Afraid to speak up in class discussions
191. Wanting to change to another school
192. Unable to get scientific subjects
193. Afraid I'll never become an "R.N."
194. Being told I'll fail in practice as an "R.N."
195. Doubting happiness as an "R.N."
196. Doubting economic value of "R.N." degree
197. Being without a counselor
198. Instructors partial to some students
199. Grades unfair as measures of ability
200. Not getting adequate education for present nursing
201. Discouraged by pessimism of "R.N.'s"
202. Afraid of some of the doctors
203. Afraid the patients won't like me
204. Can't deal with the patient's friends and visitors
205. Afraid of becoming a "hardboiled" nurse
206. Afraid of causing pain when giving treatments
207. Afraid to administer medicines
208. Can't take unpleasant odors or sights

209. Having frequent sore throat
210. Having frequent colds
211. Nose or sinus trouble
212. Speech handicap (stammering, etc.)
213. Living quarters unsatisfactory
214. Lacking privacy in living quarters
215. Living with unsatisfactory roommates
216. Noise in home interfering with sleep
217. Not enough time for myself
218. Too much social life
219. Failing to have fun in school activities
220. Desiring more cooperation among students
221. Disliking certain persons
222. Being disliked by certain persons
223. Getting into arguments
224. Being jealous
225. Losing my temper
226. Stubbornness
227. Carelessness
228. Laziness
229. Breaking up a love affair
230. Choice of continuing training or marrying
231. Thinking too much about sex matters
232. Competition in a love affair
233. Not telling my parents everything
234. Parents not trusting me
235. Being treated like a child at home
236. Being an only child
237. Having a guilty conscience
238. Yielding to temptations
239. Getting a bad reputation
240. Can't forget some mistakes I've made
241. Too easily distracted during classes
242. Absent from classes too often
243. Tardy for classes too often
244. Wanting to leave nursing
245. Not knowing what I really want
246. Not able to decide what nursing field to enter
247. Need information about future fields of nursing
248. Need education beyond nursing course
249. Courses too unrelated to each other
250. Too much repetition of some topics
251. Tests often unfair
252. Assigned study periods unsatisfactory
253. Dislike caring for demanding patients
254. Dislike caring for patients with certain diseases
255. Dislike caring for male patients
256. Can't be firm with patients
257. Routines in some departments hard to learn
258. Failure of departments to orient students
259. Nursing care checked to unreasonable degree
260. Too little credit given for good nursing care
261. Having poor teeth
262. Having poor hearing
263. Tired feet
264. Frequent headaches
265. Infrequent all-night or late permits
266. Not fitting into the group with which I live
267. Living conditions don't provide "home" envnt
268. Not getting along with the House Mother
269. Too little time for sports
270. Too little chance to enjoy art or music
271. Too little chance to listen to the radio
272. Too little chance to go to shows
273. Wanting a more pleasing personality
274. Too easily led by other people
275. Picking the wrong kind of friends
276. Speaking or acting before I think
277. Afraid of making mistakes
278. Can't make up my mind about things
279. Lacking self-confidence
280. Can't see the value of things I do
281. Putting off marriage
282. Engagement
283. Absence of boy friend
284. Religious differences preventing marriage
285. Clash of opinions between me and parents
286. Having been "spoiled" at home
287. Not getting along with brother or sister
288. Not getting along with a step-parent
289. Too little chance to develop my own religion
290. Disliking church services
291. Lessened fervor in religious practices
292. Losing faith in religion
293. Not smart enough in scholastic ways
294. Trouble in outlining or note-taking
295. Weak in writing
296. Slow in catching on to theory
297. Afraid I'll not be adequately prepared for nur
298. Afraid of unemployment after graduation
299. Trying to combine marriage and a career
300. Concerned about entering military service
301. Instructors lacking understanding of students
302. Too much work required in some courses
303. Hard to study in living quarters
304. No suitable place to study in school
305. Prefer working alone to working with other stats
306. Depend too much on others for assistance
307. Too willing to "cover-up" for co-workers
308. Too many people "passing the buck"
309. Seniority rule carried too far
310. Too difficult for students to get doctor's care
311. Rule against accepting patient's gifts unfair
312. Rule against accepting patient's invitations un

3. Having menstrual disorders
14. Having digestive troubles
315. Not getting enough to eat
316. Not eating a well-balanced diet
317. Tiring of same meals all the time
318. Not being trusted outside Nurses' Home
319. Inadequate discipline in Nurses' Home
320. Too much discipline in Nurses' Home
321. Unable to lead a well-rounded life
322. Too little chance to do what I want to do
323. Too little chance to read what I like
324. Having no hobby
325. Talk too much about personal affairs
326. Talk shop too much
327. Tend to complain too much
328. Being too gullible
329. Too many personal problems
330. Feeling that nobody understands me
331. Having no one to tell my troubles to
332. Afraid of a "nervous breakdown"
333. Wanting love and affection
334. Disappointed in a love affair
335. Petting and necking
336. Venereal disease
337. Getting home too seldom
338. Living too close to home
339. Wishing I had a better family background
340. Afraid of someone in the family
341. Moral code weakening
342. Sometimes being dishonest
343. Drinking
344. Trying to break off a bad habit
345. Can't get lessons in the time I have for study
346. Slow in reading
347. Unable to obtain reference readings in library
348. Don't know how to study effectively
349. Fear I won't get a good recommendation from school
350. Afraid I will lack experience in some fields of nursing
351. Don't know how to apply for a position
352. Doubt ability to handle a good position
353. Too tired from nursing duties to study
354. Classrooms improperly ventilated and lighted
355. Inability to remain awake in classes
356. Instructors too theoretical
357. Can't acquire a professional vocabulary
358. Get too friendly with subordinates
359. Unable to direct subordinate workers
360. Feel dominated by nurse attendants
361. Hospital insisting on routine at any price
362. Can't get used to constant hurry
363. Too little chance to know the patient as a "whole"
364. Disillusioned in nursing ideals

Second Step: Look back over the items you have underlined and circle the numbers in front of the problems which are troubling you most.

Third Step: Answer the following five questions:

SUMMARIZING QUESTIONS

1. Do you feel that the items you have marked on the list give a well-rounded picture of your problems?

.....Yes.No.

If any additional items or explanations are desired, please indicate them here.

2—FLC

3—SRA

4—SPA

5—PPR

6—CSM

7—HF

8—MR

9—ASN

10—FPE

11—CSP

12—AHR

13—AAN

(Questions are continued on next page →)

TOTAL..

2. How would you summarize your chief problems in your own words? Write a brief summary.

3. Have you enjoyed filling out the list?Yes.No.

4. Whether you have or have not enjoyed filling out the list, do you think it has been worth while doing?Yes.No. Could you explain your reaction?

5. If the opportunity were offered, would you like to talk over any of these problems with someone on the nursing faculty?Yes.No. If so, do you know the particular person(s) with whom you would like to have these talks?Yes.No.

Names.....

Dill, Madeline F.

An analysis of personal problems
of student nurses.

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